- STATE

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR DM Gaglion April 13, 1982 10:04 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR INDUSTRY Transfer-Produce Retired 130 STREET ADDRESS 1708 E. 31st Street - 21218 Fivalara 21218 215-32-8420A Mrs. Hazel V. Gaglion - 1708 E. 31st. St.-2121 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 82 , and that in (my) (ox) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED 4/13/82 DIRECTOR PHYSICIAN c/o Maryland General Hospital Apr. 17.1982 Moreland Mem. Pk. Mausoleum Balto., Balto., Md. 21239 Henry Sander & Sons, Inc., Balto., Md. 21213

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1630 Edmondson Avenue . Catonsville Md. 21228

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(TYPE OR PRINT) JANIE GARDNER 3 SEX 4 RACE & AGE TIN YEARS LAST BIRTHDAY **DREIGN** 76 CITIZEN OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED BALTIMORE CITY 10. CITY OR TOWN OF DEATH NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE 136 COUNTY NO 15. MOTHER'S MAIDEN MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 1% INFORMAN' (YES, NO ORWINKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO' 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OR TOWN NOT WHILE NON 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on the body after death. our) opinion death occurred on the date and hour and from the couses stated and that in limy 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be Keswick Home 700 West 40th Street 21211 Aubrey D. Richardson K 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

NO [

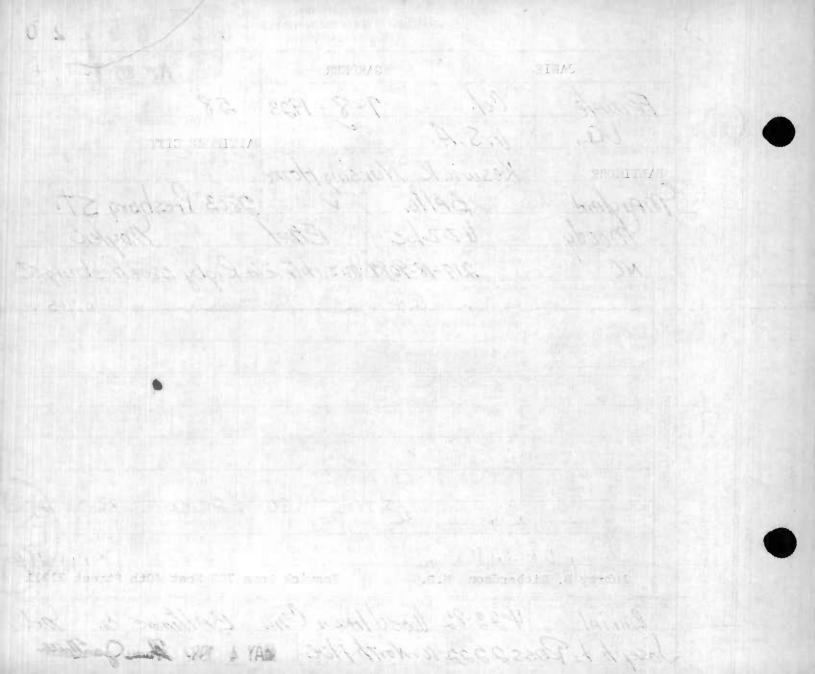
STATE

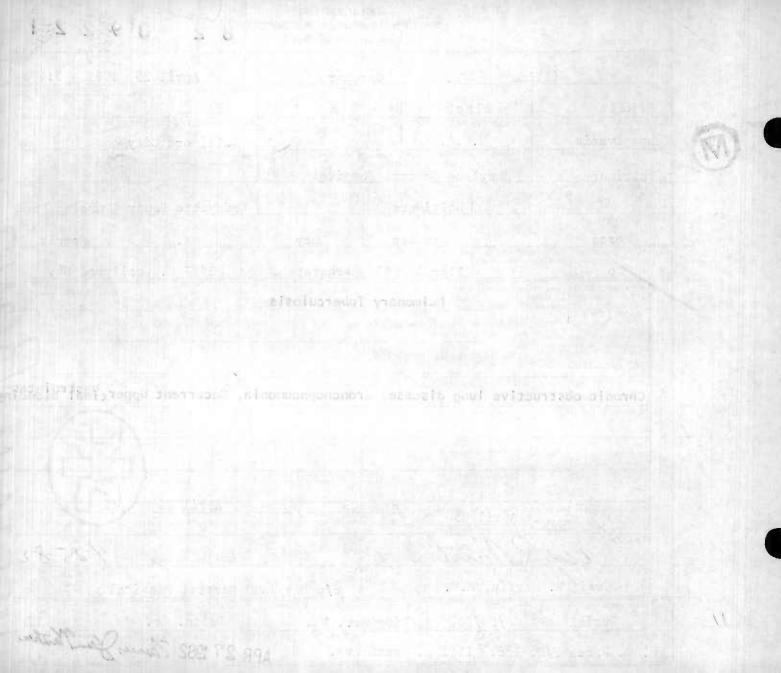
COUNTY

22c. DATE SIGNED

IF UNDER I YEAR

INDUSTRY





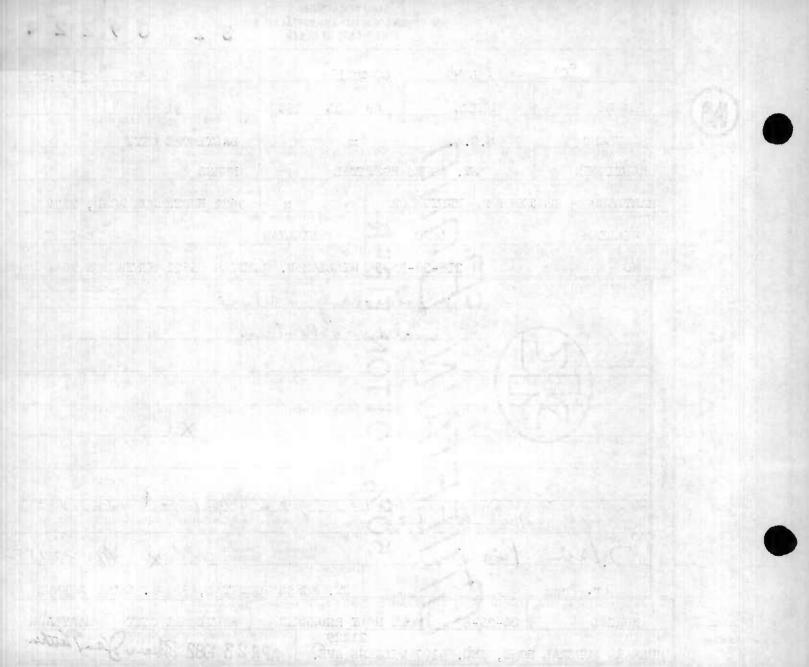
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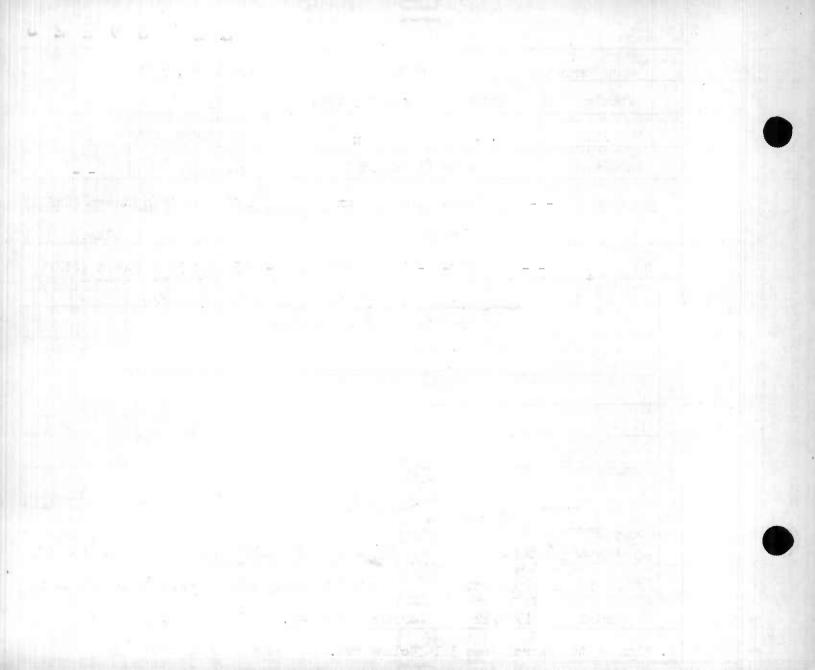
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows ony

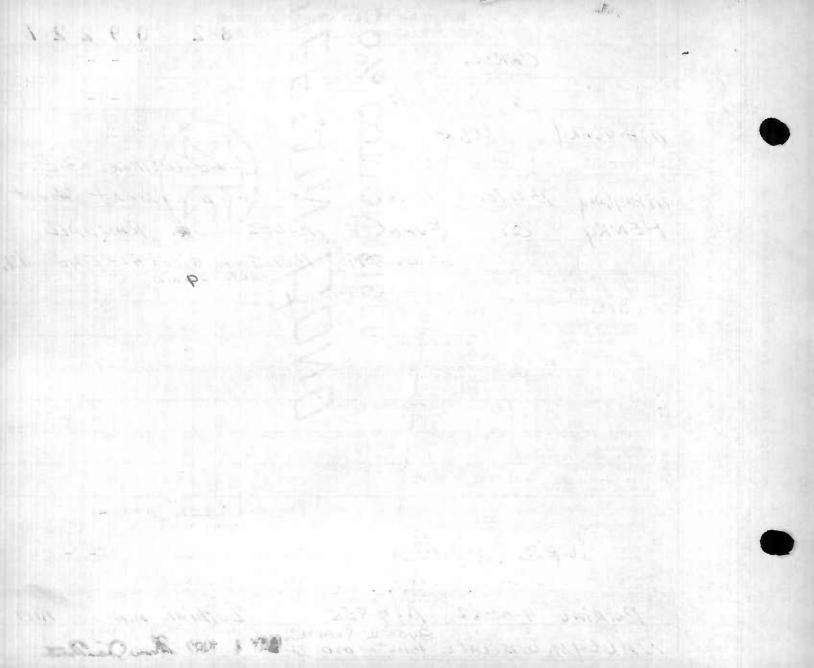
OHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

8	REG.	NO.	0	9	2	
ATE OF	DEATH	440040311		DAY	VELO	П

	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE 8 ZG. N	. 0	9 2 2	6		
		CEASED NAME FIRST		MIDDLE	XXXXXXXXXXXX GIBSON			20 DATE OF DEATH MONTH DAY YEAR 26. HOT				
	3. SE	X FEMALE	4 RACE BLAC	rk	5. DATE (1/1896 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER MONTHS DAYS HOURS					
Al	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	PRS. DR COUNTY OF	FDEATH	L		
1	4	Baltimore		HOSPITAL, NURSIN	G HOME	DROTHER INSTITUTION Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		126. KIND OF BUSING	MD. NESS OR		
5	13a S M2	AL RESIDENCE (IF NURSING HOME OF STATE ARYLAND		BALTIMO		13d. INSIDE CITY LIMITS?	KEY CIRCLE	HOSP.,	EUTAW P	LACE		
C			NOWN	LAST		15. MOTHER'S MAIDEN NAA FIRST	UNKNOWN		LAST			
	(1	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) NO	MED FORCES? E WAR OR DATES)	215.12.3			RGINIA VENA Y HSP. BALT	BLE O ME	APPROXIMATE INT			
	NOI	Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost. PART 2. OTHER SIGNIFICANT ((b) DUE TO, O	OR AS A CONSEQUENCE OF ASCVD OR AS A CONSEQUENCE OF Diabete CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL			Fes Inal disease or con	IN PART 110				
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	VERE FINDINGS USING CAUSES OF DEA	TH?		
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE ETHER. NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	HOUR A. P. 21e. PLACE (AT HOME STR 1) view the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	19 ARM, ETC)	21c HOW INJURY OCCURR 211 LOCATION STREET 1	CITY OR TO	wn 19, 19 one and hour or	COUNTY that (b)	STATE (we) lost toted		
	23a B	R- CHE BURIAL, CREMATION, REMOVAL	IN- 7/	FN In	AME OF C	Baltimo	re City 1	tosp,	ta (
	Bi	urial	23b. DATE 4/19/			Nat'l. Cemete	4	ore	Maryl:	and		
		JNERALDIRECTOR Lter Brooks Bra	dley In	c., Düfida	lk Md	21222 AP	R20 1982	25b. REGISTRA	San Mart	hen		

1 -	FOR STATE	ilm G568 6/2/82 retate of Maryland DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REG. 10 9	227
	PE OR PRINT)		25-82 YEAR 25. HO
	emale black		25-82 ₉ P
-	BIRTHPLACE (STATE OR COUNTRY) MAY LANG	76. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY B. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED DIVORCED	ty
Ва	altimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPK INS HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LUCIPLE LUCIPLE	OR INDUSTRY
130.	AL RESIDENCE (IF IN NURSING NOME O STATE 136, COUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 131. CITY OR TOWN 120. 130. INSIDE (ITY LIMITS? YES PNO 120. 130. STREET ADDRESS YES PNO 120. 130. MONUMENT	& Street
0	ATHER'S NAME	MIDDLE GLAST MADEL MIDDLE RAN	IDALL
160.	WAS DECEASED EVER IN U.S. ARA YES, NO. OR UNKNOWN) (IF YES, GIVE V	213-44-5079 BENJIMAN GILES 323	Edgewoods
-	PART I DEATH WAS CAUSED	of cervix Carcinoma of cervix	, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	PART 2 DTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
MEDICAL	ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION COL	UNITY STATE
	AT WORK AT WORK		
	22a. I certify that I took charge	ge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my op rol couses . Accident . Suicide . Homicide . Undetermined monner . TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNE	4-26-82
	22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) MAIC	TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER ADDRESS 111 Penn Street	<u>4-26-82</u>



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C. A. Sec. 15 994

DEDADTMENT OF USALTH AND MENTAL HYCHTHE

8 2 _{G.NO.}	0	9	2	3	
ATE OF DEATH					-

0	1 -	STATE REGISTRAR	DEF	CERTIF	ICATE OF DEATH	8 2	0	9 2	3 2.
	1. DE	CEASED NAME FIRST	MIDDLE		A51	Ze, DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	(TYPE	OR PRINT)		(31	1000/	_	I 15	- 82	E:20A
	3. SE	X 4	RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER ! YEAR	IF UNDER 24 HRS
	-7/1	Mala	1.11177	MONE	DAY YEAR		MOI	NIHS DAYS	HOURS MIN.
-	7a. BI	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUN	TPY? 8	- 7 1927	9 BALTIMORE CITY O	YRS P COUNTY O	EDEATH	
3	(COUNTRY	I CA	MARRIE	D NEVER MARRIED 1	O A.	K COUNTTO	C	-1
K	10 (1	_ Iowa		WIDOWE		PACTI	we	at	MD.
Ю	10.01	OK TOWN OF DEATH	1. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUPATION TO THE OF WORK FOR MOST O			OF BUSINESS OR
6	1	DALTIMORE	WWERST	OY 57	Mcl.	Machine Op	erator	AUT	0.
7	13a S	AL RESIDENCE (IF NURSING HO COUNT	R INSTITUTION GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			Die State of
1	I	hh		ISWND	YES NO	2108 221	nd St		
1_	14 FA	THER'S NAME	DDLE LAS		15 MOTHER'S MAIDEN NAM	-		P3= 1	
2		The EnallS	541	DER.	FIRST	MIDDLE	(-	SALVE	711
		VAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORMANT	ADDRE			Island
3	1)	NO NO (IF YES, GIVE	WAR OR DATES) 481	-28-218	Doris Glider	2108 22nd	St.	III	• 12 Tallu
		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b	ol, and (cl.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	1 1	PDIO 9	Resp Any	rest.		1.	5 min
		2.391	DUE TO, OR AS A CONS	EQUENCE OF					
		Canditians, if any, which	(BR		Cernation			1	HR.
		gave rise to immediate	DUE TO OD IC I COU						
		underlying couse lost	DUE TO, OR AS A CONS	EOUENCE OF	TUMOR			01	MO.
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NALDISEASE OR CONI	DITION CIVEN	(NI DADT 1	
	Z	-1-/	RASA	1/10	PNEUMania	TARE DISEASE OR COINE	MINON GIVEN	IN PART III	0
	CERTIFICATION	He DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		20a AUTOPSY?	206 IF YES, V	VERE FINDIR	NGS LISED
П	IFIC	4/1/80/	201:	TITM			IN CERTIFYIN	G CAUSES	OF DEATH?
-	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	100	21c HOW INJURY OCCURRE	YES NO	YES [NO
2		OR CONTRIBUTING CAUSE OF DEATH	THE PARTY AND THE PARTY OF THE	DAY YEAR	The transfer occount	LD (ENIER WATORE OF INJUR	T IN HEM IG PARI	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	All Lagranda				
	MEC	WHILE TO NOT WHILE TO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	3.7	AT WORK AT WORK				4			
		22a.1 certify that (1) (this hospital	1 - 1 1	177		- 10 April	15, 19		that (1) (we) last
		saw the demonstration of the an	view the bady after death.	19 <u>02</u> , or	nd that in (my) (our) apinion de	eath occurred an the do	ite and hour a	nd fram the	couses stated
		228. SIGNATURE	0		DEGREE			22c. DATE	SIGNED
		Varif,	y. Wor		ATTENDING PHYSICIAN	MEDICAL STAF		14/	15/20
1		22d. PHYSICIAN'S NAME (TYPE	1		22e ADDRESS				
		DANIEL	J. WO	1.	225	Omeene S	St. B	ALTO	MS.
		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	,
		Burial	Apr 19 1982	Green	view Cemetery		Moline		Ill.

BP.

TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 is marked or Item 18 shows any should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

Baltimore, Maryland

APR 16 1982 Charles Sen Naty Returns

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DEPARTMENT OF HEALTH AND MENTAL HYGIENI

9	1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE	8 2	0 9	0 3 4
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE	OF DEATH MONTH	DAY YEAR	2b HOUR
	TYPE	OR PRINT)	Rodo	16	V.	60	CO		4/	8/82	5:10 am
	3 SEX			RACE	(7)		OF BIRTH	6. AGE (III	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE		F	LIPINO	MA	1/20/22		59 YR	MONTHS DATS	HOURS MIN.
2		RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY OR COUN		
1		Phillipine	25	PHIL	PPINES	WIDOWI			salto.	city	MD.
5	10. CI	TY OR TOWN OF DEA	TH 11	NAME OF I	HOSPITAL, NURSI	NG HOME (OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORKIN	128 KIND C	OF BUSINESS OR
2		BALTINO	RE	Sou	Th Ba	Lto.	Pen. Hosp.		i-1 End		Empist.
0	13a S	AL RESIDENCE HE NURS	IS COUNTY		130 CITY OR TOV		1134 INSIDE CITY LIMITS?	13e STREE	TADDRESS		
1	Ph:		Frim	alund	Quezor	1. /	YES 🕅 NO 🗌		Scout	imbaga	
67%	14 FA	THER'S NAME	MIC	DDIE	LAST		15. MOTHER'S MAIDEN NA	AME	WIDDIE	LA	SI .
4		Loren			6000		Estrell	la		Vala	dia
	16a W	VAS DECEASED EVER	(IF YES GIVE W	VAR OR DATES)	16b SOCIAL SECT	URITY NO.	17 INFORMANT		ADDRESS		
>		No	N/A		N/A		Rolands V	· 900	o -sa	me	
Ÿ		18 CAUSE OF DEATH PART I. DEATH W.	H Enter only	one couse per BY:	line for (a), (b), or	nd (c).		- 4	Toler III	BETWEEN	ONSET AND DEATH
H		IMMEDIATE CAUSE (0) Cardionerp. aller									
		1629 DUE TO, OR AS A CONSEQUENCE OF									
ļ,		Conditions, if ony, which gove rise to immediate (b) hetastatic advisora of lung									
		couse (0), stoting underlying couse	g the	DUE TO, OI	R AS A CONSEQU	ENCE OF			1		
				(c)							
	Z	PART 2 OTHER SIGN	HEICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINALDISEA	SE OR CONDITION	GIVEN IN PART 11	0
	CERTIFICATION	19a DATE OF OPERAT	ION	TISH CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	OPSY? Tanh IF	YES, WERE FINDI	NGS LISED
2	IFIC			170 CO.10	NOT YOU WINE	_	TASTEN ORMED	VEC	IN CER	RTIFYING CAUSES	OF DEATH?
	ERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUP	RRED (ENTER)	NO DIATURE OF INJURY IN ITEM	YES []	NO []
1		OR CONTRIBUTING C				AY YEAR		_	THE OF THE OF THE OF	TO THAT TOAT HAT EY	
	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR		21e PLACE		19	21f LOCATION			-	
	ME	WHILE NOT WHI	HE	(AT HOME STR	EET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		22a.I certify that N		ottended the	e deceased from	-	+18 10 87	Ž. to	418	1082	that N (we) lost
		sow the decease	d alive on_	7/	£ 19	A Z. , 01	nd that in (my) (our) apinion	n death occur	red on the date and I		
		obove, (I) (we) (d 22b. SIGNATURE	id) (did not) v	new the body	diter death.		DEGREE				SIGNED
		Car	7 C.	2	7.		MA ATTENDING	MEDICA	STAFF PHYSICIAN	410	102
		22d. PHYSICIAN'S NA	ME (TYPE OF PE	NT)	- CVA	~	22e ADDRESS	DIMECTO	THIS CHANGE	14.	21230
		Janice	Ja	nnon	e Mas	si	S. B. G. H	1300	15. Han	nover 1	Balto.
	23e B	URIAL, CREMATION, F		23b DATE			EMETERY OR CREMATORY	23d. LO		and I	
	(Burial		4/17	7/82 Ca	alapa	n Memorial		apan Ori	couldni.	lippines
	04 51								THE PARTY	COLUMN TO SERVICE STATE OF THE	1797/

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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR, After

should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If them 21 is marked or them 18 shows any

7601 Sandy Spring Rd Laurel, Md. 20707

250 DATE REC D. BY REGISTRAN IN CHICAGO

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	1 -	STATE REGISTRAR		DEFARIT	CERTIFICA			B IENE	REG. I	VO.	9	2	3 =
Ī		CEASED NAME FIRST		MIDDLE	LAST	77		2a. DATE	OF DE ATH	MONTH	DAY	YEAR	26 HOUR
			John He	nry Go		r.		April					5:57
	3 SEX	Male	4 RACE White		S. DATE OF B	RTH 6	1917	6. AGE (III	VEARS LAST E		MONTHS:	DAYS	HOURS A
35	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED ** WIDOWED			9 BALTIM		OR COUNT		ATH	
18		altimore	(IF NOT IN SU	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET	G HOME OR O	THER INST		12a USUA	LOCCUPA		12h		BUSINESS
33	13a. S M &		OUNTY altimore	13c CITY OR TOW Owings	N: 77 - 13d	. INSIDE C	ITY LIMITS?	13° 1220	ADDRESS Pa	rk Hei	ghts	a Ave	enue
14	4 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NA	ME	MIDDLE C.		133	LAST	
24	60 V	John /AS DECEASED EVER IN U.S.	Henry	Goetz	Sr.	INFORMA	ary			DECC		lyla	
7			W II DATES	215-05-6			en M.G	oetz	1220 Owing	Park gs Mil	Hei	ght: Mar	Ave.
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse pe USED BY:								В	APPROXIA ET WEEN O	NATE INTERVAL NSET AND DEA
		19Co IMMED	DIATE CAUSE (0)	Central:	nervous	syst	em meta	astası	S			3 n	nonths
		Conditions if now which		Metactat		000*0	inoma	nnime		1+0			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	Metastat	ic aden	ocarc	inoma,		ry si letern			1	year
	Z	gave rise to immediate cause (a), stating the	(b)_ XXXXXX (c)_	Metastat XXXXXXXXX	ic aden			und	leter	nined	VEN IN P		
(A	CATION	gave rise to immediate cause (a), stating the underlying cause last.	(b)_ VICONDITIONS C	Metastat XXXXXXXXX	ic aden	T RELATED	TO THE TERM	und	letern SE OR COM	nined NDITION GI	S, WERE	ART 110	GS USED
9	RTIFICATION	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(b)_ VICONDITIONS C	Metastat	ic aden	T RELATED	TO THE TERM	und	letern SE OR COM	nined NDITION GI 20b. IF YE	S, WERE	ART 110	
	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	NT CONDITIONS C	Metastat XXXXXXXXX ONTRIBUTING TO E DITION FOR WHICH DE INJURY .M. MONTH DA	ic aden XXXX DEATH BUT NO OPERATION W AY YEAR 271	T RELATED	TO THE TERM	UNC	SE OR COM	nined NDITION GI 20b. IF YE IN CERT Y	S, WERE	FINDIN AUSES	GS USED OF DEATH?
		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	(b)	Metastat XXXXXXXXXX ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	DEATH BUT NO OPERATION W AY YEAR 19 216	T RELATED	TO THE TERM RMED JURY OCCURR	UNC	SE OR COM	NDITION GI 20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE	FINDIN AUSES (GS USED OF DEATH?
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		GOVE FISE TO Immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	(b)	Metastat ANALYSTA ONTRIBUTING TO E ONTRIBUTIN	OPERATION W AY YEAR 19 216 ARM, ETC.) 217	AS PERFOI a. HOW IN. LOCATIO STREET	TO THE TERM RMED JURY OCCURR	UNC	SE OR CON OPSY? NO AND CITY OR T	NOTION GI	S, WERE IFYING C	FINDIN AUSES (GS USED DF DEATH? NO STAT
		GOVE FISE TO immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. Leertify that (1) this has soon they decosed a man above, (h) (we) (did) (the	(b)	Metastat ANALYSTA ONTRIBUTING TO E ONTRIBUTIN	DEATH BUT NO OPERATION W AY YEAR 19 21 ARM, ETC.) DEG	AS PERFOI AS PERFOI THOW IN. LOCATION STREET at in XoX	TO THE TERM RMED JURY OCCURR IN	INAL DISEA 700 AUT YES RED (ENTERN death occurr	SE OR COPSY? NO LATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM 18 OWN	S, WERE IFYING C	FINDIN AUSES (GS USED DF DEATH? NO STAT STAT STAT STATE OUSES STATE
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7	MEDICAL	GOVE FISE TO immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21 WORK NOTIFY MEDICAL EXAM 220. I Certify that 11 this has sow that deceased a paper of the country of	IPE OR PRINT) Serpick, (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (f) (e) (f) (f	Metastat MASACONSECUTION ONTRIBUTING TO DE ONTRI	DEATH BUT NO OPERATION W AY YEAR 19 211 DEG DEG 220	AS PERFOI AS PERFOI AS PERFOI AT IN ACTION THEE A PER ADDRESS O Ma	TO THE TERM RMED JURY OCCURR IN 19 82 (our) opinion of TITENDING HYSICIAN TYland	INAL DISEA 200 AUT YES RED (ENTER N death occurr DIRECTOI Gene 23d LOC	SE OR CON OPSY? NO INTURE OF INJ CITY OR T	20b. IF YE IN CERT Y URY IN ITEM 18 OWN AFF	S, WERE IFYING C ES TO COU	FINDIN AUSES (PART 2)	GS USED DF DEATH? NO STAT

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bna.[g]	T	. 78	e Goete	A	erio i
09 Pays Heishth Avn.	122 LW. Goots Col	650 Mrn. Hala	215-02-	II lo	Yes
Letter	Samuel Serili	11 ⁵⁴ p/2	10		
Outs Carroll ED				. 95	<u>[elang</u>
		m Mills, Wa	nillo:	The state of	3 - Can H

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Education

7611 Knollwood Road

Mr. George Vinyard, Jr., Balto., Md.

WEEK

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

22c. DATE SIGNED

CHARLESS ST

4/16/82 Cremation Green Mount Balto.

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

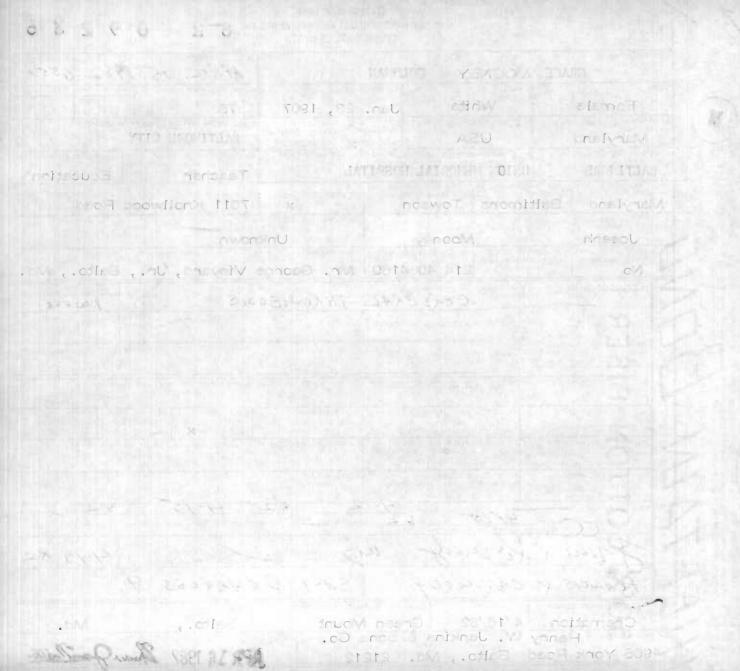
COUNTY

Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR



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STATE OF MARYLAND		STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 2

	- STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	0 7 2 0 7
	1. DECEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	KATI	ILEEN FRAI	NCES G	OL DMAN		04-26-82 8:35pm
	3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR II UNDER ZATIRS
	FEMALE	WHITE	47	4/1908	74	YRS DATS HOURS MIN.
	COUNTRY	Th CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
ſ	BELFAST, IRELAND	U.S.A.	WIDOW		BALTIMO	RE CITY MD.
1	0 CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS OR
		TY 13c CIT	dence before admission) Y OR TOWN NDALK	YES NOXX		ILWAY AVE. 21222
6	14 FATHER'S NAME RICHARD	McG]	REAVY	IS MOTHER'S MAIDEN NAM	WE	CAMPBELL
	160 WAS DECEASED EVER IN U.S. ARA	1114 P. Ch. D. 1864	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
	NO NO OK UNKNOWN) (IF YES, GIVE	21	7.26.5307	GERARD GOLD	MAN (SON) SA	AME AS 13e
	Conditions, if ony, which gove rise to immediate cause ital, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A C (b) CARC DUE TO, OR AS A C (c) ONDITIONS CONTRIBU	ONSEQUENCE OF		ETASTASIS	20b IF YES, WERE FINDINGS USED
1	TIFE				YES NO X	IN CERTIFYING CAUSES OF DEATH?
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOT IFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO	ONTH DAY YEAR 19 RY	211. HOW INJURY OCCURR 211. LOCATION STREET		Y IN ITEM 18 PART I OR PART 2)
	22a.1 certify that (I) Ithis haspitt sow the deceased glive an above, (I) (we) the diddid not 22b. SIGNATURE	ottended the deceas	sed from 04-20 ath. 19-82, a	17	to 04-26-	. 19_82, that (I) we last ite and hour and from the causes stated
4	- when	Kular	19	PHYSICIAN [DIRECTOR PHYSIC	IANA) 4/26/VL
	DR. M. LUHAR I			100 N. BROAD		ORPORATION RE,MARYLAND 21231
1	23a BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	BURIAL	4/29/1982	BALTO.	NAT'L. CEM.	BALTIMO	RE MARYLAND STATE
1	24 FUNERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call should be detoched for use as the burial-tronsit permit. Then please remove corbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows ony injury, ar ather troumatic event, the

WALTER BROOKS BRADLEY INC., DUNDALK MD 21222

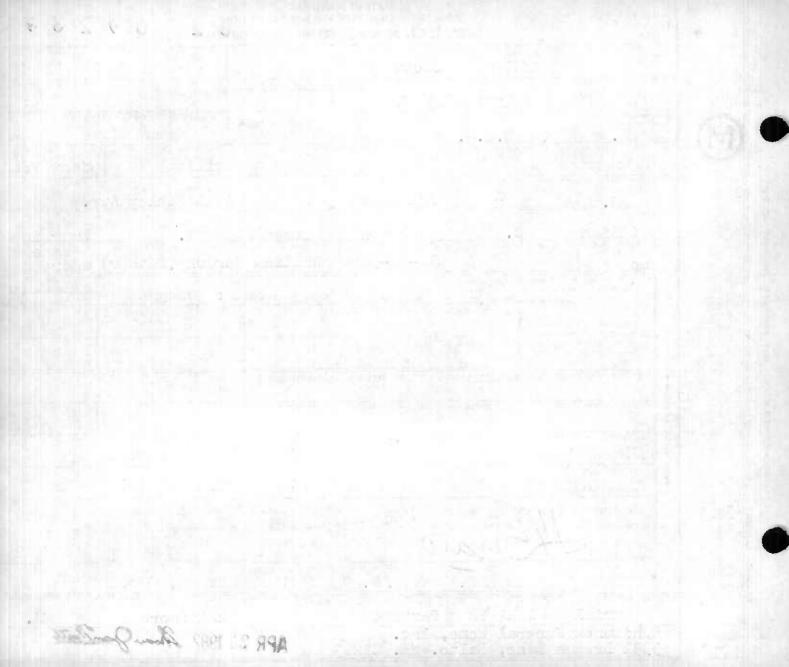
21222 APR 29 1982 Openies

Of tollies Indian

REGISTRAR		OF MARYLAND LITH AND MENTAL HYGIENE 'S CERTIFICATE OF DEATH	REG. NO. 9 2 3	8
DECEASED NAME FIRST	WIDDLE	LAST 20. DATE	KNOWN Y MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT)	Leler G	. Or	MATED 4 2 19 8	2
female black	5. DATE OF BIRTH 6. AGE (IN YEARS		E MONTH DAY YEAR	24 HOUF
BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	2 BALTI	MORE CITY OR COUNTY OF DEATHD	
Florence S. Car	M	ARRIED NEVER MARRIED	timore City	11
O. CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING HOME, OR	OTHER INSTITUTION 120. USUAL OCCI	JPATION (TYPE OF WORK 126 KIND OF B	
Baltimore	201 N. Washington	St FOR MOST OF WO	OR INDUS	TRY
JOUAL RESIDENCE (IF IN NURSING HOME OF THE TOTAL AND THE T	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY Balto.	13d. INSIDE CITY LIMITS? 13e STREET ADDR	ESS Oplar Grove St.	
4 FATHER'S NAME FRIST I Sare I	Ham l 1st	15. MOTHER'S MAIDEN NAME	Ham 1 1 n	
60. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO		ADDRESS	17.
(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Allison Gordon	2224 Poplar Gro	ve S
Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS	TE CAUSE (a) Arterioscleration (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF	C cardiovascular dise	ase	
19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?	20 AUTOPSY	X
210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	IC HOW INJURY OCCURRED (ENTER NATURE OF B	YES	NO []
	STREET FACTORY FARM ETC.)	LOCATION		STATE
TOTAL TRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF T		STREET CITY OR TO	OWN COUNTY	JIAIL
AT WORK AT WORK 22a Certify that I taak charged at the suited from the suit	pe of the remains described above, held an Acident , Suicide Hormez R. Guard, M.D.	utapsy, Inspection, Inquiry, Hamicide, Undetermined in	and in my apinian anner, MINER DATE 4/3 et_Balto., MD 21201	3/82
AT WORK 22a certify that taak charged and resulted from ACTUAL SIGNATURE	pe of the remains described above, held an A roll of the Remains describ	utapsy , Inspection , Inquiry , Hamicide , Undetermined in TITLE (SPECIFY) M.D. Assistant MEDICAL EXA	and in my apinian anner MINER DATE 4/3 et,Balto.,MD 21201 , MD. COUNTY S	3/82

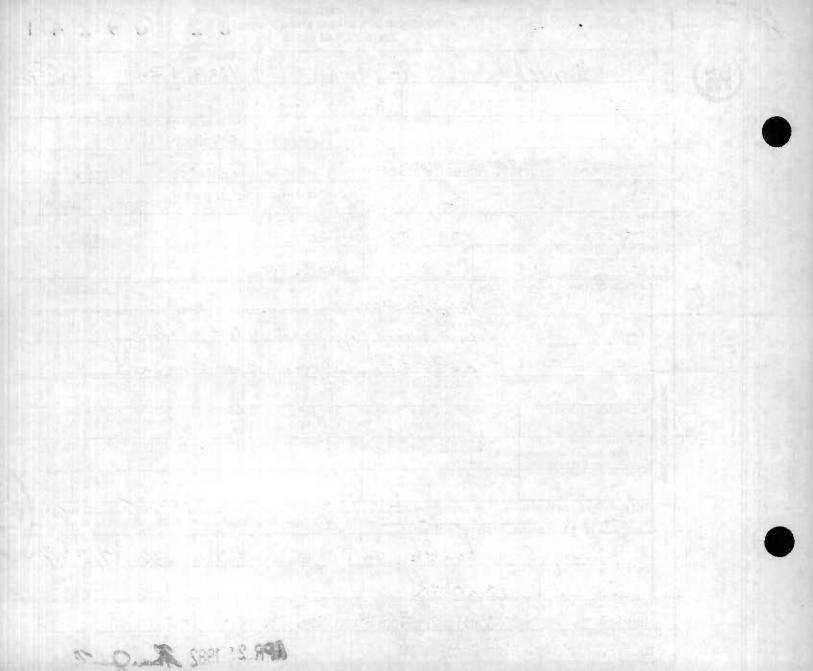
you all a second and a line of the arm of stilling

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Scott William Gordon 19 82 DEATH MATED SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 6 male white July 1963 18 YRS 1982 4:25F DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED LANEVER MARRIED X Baltimore City Md. DIVORCED B. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS Giant Food FOR MOST DEWORKING LIFE) Baltimore MAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Schley Ave. Baltimore YES X 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Gordon Susan Swarris 17. INFORMANT ADDRESS same 214-92-3266 William Gordon (father) address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gun shot wound of head Weapon: Handgun IMMEDIATE CALISE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E DEPARTMENT OF HE 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ORWARDED TO THE C 710 EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY UNDERLYING OR found with self inflicted wound CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME IL LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P home street FACTORY, FARM, ETC.) 47 Tr Schley Avenue, Baltimore, WHILE AT WORK STATE MD Autopsy V 22a. I certify that I took emoins described obove, held on Inspection ond in my opinion death resulted from: Hamicide 4/21/82 Assistant DATE SIGNATURE EXAMINER'S NAME Hormez R. Guard, M. D. 111 Penn Street, Balto, MD (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Baltimore Md. Burial Parkwood " Schillichek Funeral Home, Inc. **DHMH-17** 3331 Brehms Lane, Balto. Md. 21213 (VR A15 ME (5) 15M 2/80



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3	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 2	0 9	241
(14)	[ТУР]	CEASED NAME FIRST ORPRINT) Panie	MIDDLE	GOR	eman	4/22/8	MONTH DAY	YEAR 26 HOUR 45 A.N
55 55	3 SE	Male	White	July	H DAY YEAR	6 AGE (IN YEARS (AST BIR	YRS IF UN	IDER I YEAR IF UNDER 24 HRS. HOURS MIN.
in 72 hou	Ja 8	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWI	D X NEVER MARRIED	Baltimore city o		DEATH
by the functiled within	10 C	Baltimore	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR St. Agnes Hos	EET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATM (TYPE OF WORK FOR MOST O Machinist	ON 12 F WORKING LIFE) [N	kind of Business or Dustry Crown Cork &
filled in	13a S	ALRESIDENCE (IF NURSING HOME OR ITATE 136 COUN MD AA	OTHER INSTITUTION GIVE RESIDENCE BEF ITY I GLEN BU		13d. INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS	t Avenue	Seal e, Ferndale
Ond 2 st		THER'S NAME Daniel	Gorman,		15. MOTHER'S MAIDEN NA/ FIRST Laura			Jordan
Poges 1	0	ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 213-18-		Irma S. Gor	man. Same a		
n signed by the ottending Then pleose remove carbo ir to burial, cremation, or re injury, or other troumatic e	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSECTION ON DITION OF AS A CONSECTION ON DITIONS CONTRIBUTING TO	DUENCE OF	Colonia NOT RELATED TO THE TERM	intestinal (carcino INAL DISEASE OR COND	Sleed on V	N PART 1(0)
thos been the prior tows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES [RE FINDINGS USED CAUSES OF DEATH?
this certificate the burial-trans and Mental Hyged or Item 18s	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	111	DAY YEAR 19	211. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJUR		ORPART 2)
CTOR: Afred for use os		22a.1 certify that (1) (this hospit sow the deceased alive an above (1) (we) (pid) (did no		, or	nd that in (ny) (our) apinion o	eath occurred on the do	te and hour and	, tho (1) (we) lost
VERAL DIRE be detoche e Stote Dep TANT: If Iter		226. SIGNATURE	O. Stranber	2 n	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F	220 DATE SIGNED, 4/22/82
TO FUNERA should be de with the Stot	23n P	URIAL, CREMATION, REMOVAL	Skarbek 1236 DATE 123	NAMEOEC	EMETERY OR CREMATORY	234 LOCATION		
		Burial			aven Mem. Pk.	Glen Burn		
- 16 50M 1/B1 RA 15, 4)		ames S. Kirkley	, Glen Burnie,	MD	25a DATE	REC'D. BY REGISTRAR	15b. REGISTRAR'S	SIGNATURE



1,	FOR STATE		DEPARTMEN	STATE OF MARYLAND TOF HEALTH AND MENTAL HY	GIEŅĘ	. 0	0 1	03
	REGISTRAR		MEDICAL EXA	MINER'S CERTIFICATE OF	DEATH 4 REG. NO	1	4 4	4
	ECEASED NAME	FIRST	MIDDLE	LAST	20. DATE KNOWN	MONIH	DAY YEAR	26. HOUR
1 (1)		TIMOTHY	1.	Gorsuch	OF ESTI-	4	30 1982	M
3. St		5 DATE OF BI	RTH 6 AG	E (IN YEARS IF UNDER I YR. IF UNDER 2			DAY YEAR	2d. HOUR 2:25A
N	la la Whi	1 10 10		BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	4	30 1982	2:25A
	late Whi		F WHAT COUNTRY?	10	A BALTHAORE CITY O			
3	OMESON COUNTRY		1 1	MARRIED NEVER MARRIED				
20.0	ITY ON OWN OF DEATH	III NIAME OF	HOSPITAL NUIDSING	HOME, OR OTHER INSTITUTION	D Baltimore		b KIND OF BU	MD.
1915		(IF NOT IN SU	ICH FACILITY, GIVE STREET AD	DRESS)	FOR MOST OF WORKING LIFE)	OF WORK	OR INDUST	RY
110	Baltimore		rsity Hosp		-		-	
13a.	AL RESIDENCE (IF IN NURSII	OUNTY	ON, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS? [1	13e. STREET ADDRESS		27	. 1
	Med.	Carroll	Linel-	YES NO NO	5249 Carroll	Ware	him!	Ad
14. F	ATHER'S NAME	MIDDLE	1241	15. MOTHER'S MAIDEN	NAME MIDDLE		TAST	
	Spences	21.	Garner	ch. Ida.	2.	W/m to	5.	
160.	WAS DECEASED EVER IN		16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	0		- 1
	MC	FYES, GIVE WAR OR DATES)	217-9	0-7019 duescu	Grand of	inch	un Su	1.
	II. CAUSE OF DEATH	(Enter anly ane cause pe		- Comment	sommer of	course	- APPROXIMATE	EINTERVAL
	PART I DEATH WAS	CAUSED BY:					BETWEEN ONSE	AND DEATH
	19554	MMEDIATE CAUSE (a)_	O, OR AS A CONSEQU	t wound of head				
	Canditians, if any		, OK AS A CONSEQU	ENCE OF		YILLS!		
1	gave rise to im	nmediate (b)_				- 14		
	lying cause last.	DUE TO	, OR AS A CONSEQU	ENCE OF				
		(c)_						
z	PART 2 DTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO C	DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (0),			
CERTIFICATION	19a DATE OF OPERATI	ON TION CO	NDITION FOR WHICH	OPERATION WAS PERFORMED?			20 AUTOPSY	2
FICA	The second second	170. CC	TOTAL OR WHICE	TO ENGLISH THOUGHT			HEAD (
RTI	21a. EXTERNAL CAUSE	WAS 1216 TIA	NE OF INJURY	21. HOW/5: 11/5v occurren	rante analysis of		LEO VE	- NO -
	UNDERLYING XXOR	HOUR	AM MONTH DAY	YEAR	ENTER NATURE OF INJURY IN ITEM 18 F	ART I OR PART 2	2)	
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AED	21d. INJURY OCCURRE	21e PL/	ACE OF INJURY (AT H	OME. 21f LOCATION STREET	CITY OR TOWN	COUN	TY	STAIE
~	WHILE NOT W	RK X	home	5249 Carroll W	areheim Rd	_	erroll.	Md.
		ak charge af the remain		HEAD ONLY				1104
		ak charge at the remain	s described abave, hel			d in my apin	IGN	
	death resulted from	Motive cogniti	~	The meride	Undetermined manner,			
	ACTUAL	11.	14. 1196	TITLE (SPECIFY)		DATE		00
+	SIGNATURE	MON	my /n	M.Deputy Chi	@MEDICAL EXAMINER	SIGNED.	4/30/	82
10	EXAMINER'S NAME	Thomas D). Smith, M	1.0	I Penn ST. Ba	Ito.,	Md	
L	(TYPE OR PRINT)	THOMAS L	,. OHITTH, IV	ADDRESS	i reilli 31. Da	110.,	MG.	
23a.	BURIAL, CREMATION, REA	AOVAL 23b. DATE	23c. NAME	OF CEMETERY OR CREMATORY	216 LOCATION	COUNTY	- 10	ATE
1	Burial	5/3/8	2 Take	View mem Nach	Syperrelle	Cav	my	1.
24	FUNERAL DIRECTOR	0 12	DRESS	A 250. DATE RE	C'D. BY REGISTRAR 256. REGI	STRAR'S SIG	MATURE	laser
	H. J. Echt	well "	manches	tw. md.	MAY 5 1982 .	March	and the same	
					THE RESERVE OF THE PERSON NAMED IN		47.00	-

A Children Color C TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked ar Item 18 shaws any

	STATE OF MARIE
OR	DEPARTMENT OF HEALTH AND
TATE	
EGISTRAR	CERTIFICATE OF

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	

2	0	9	9	4	-
REG. NO.	0	•	Ser ap		
		_	_		_

1 - STATE REGISTRAR		DEPARTM		FICATE OF DEATH	BIENE 8 2	NO. (0 9 2 4 3
DECEASED NAME FIRST	nadine	T.	Gosn	e11	Po DATE OF DEATH April 23	MONTH	DAY YEAR 26 HOUR
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BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.		WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY Baltimor		
Baltimore	Ingle	nook Nurs	ing 1	OR OTHER INSTITUTION HOME	17a. USUAL OCCUPA (TYPE OF WORK FOR MOST Medical	OF WORKING L Secre	126. KIND OF BUSINESS OR INDUSTRY Lary
Maryland Ba	ME OR OTHER INSTITUTION OUNTY ALTIMORE	Owings M		134 INSIDE CITY LIMITS?	1311425 Gar	rison	21117 Forrest Rd.
James	D.	Thompson		15. MOTHER'S MAIDEN NAI Helen	Marie		Pattison
WAS DECEASED EVER IN U.S.	S. GIVE WAR OR DATEST	166 SOCIAL SECUR 215-09-21		Joseph D. The	ompson,Jr.		as #13e
I 190 DATE OF OPERATION	NT CONDITIONS CO	TION FOR WHICH O	<u>ATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YE	S, WERE FINDINGS USED
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK NOWN AT WORK	21b TIME OF HOUR A.M	a. Month day a.	YEAR 19	211 LOCATION STREET	YES NO NO NEED (ENTER NATURE OF IN)	URY IN ITEM 18	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
22a.1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (di 27b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	e on Mare d not) view the body of	better death. 19 8		DEGREE ATTENDING PHYSICIAN 22e ADDRESS Wilkens & F	MEDICAL STA	AFF CIAN 🗍	220. DATESIGNED 4/26/8-2
Burial, CREMATION, REMO (SPECIFY) Burial	VAL 236 DATE 4-27-			EMETERY OR CREMATORY Aria Cemetery	23d LOCATION CITY OR TOWN TOWSON		COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

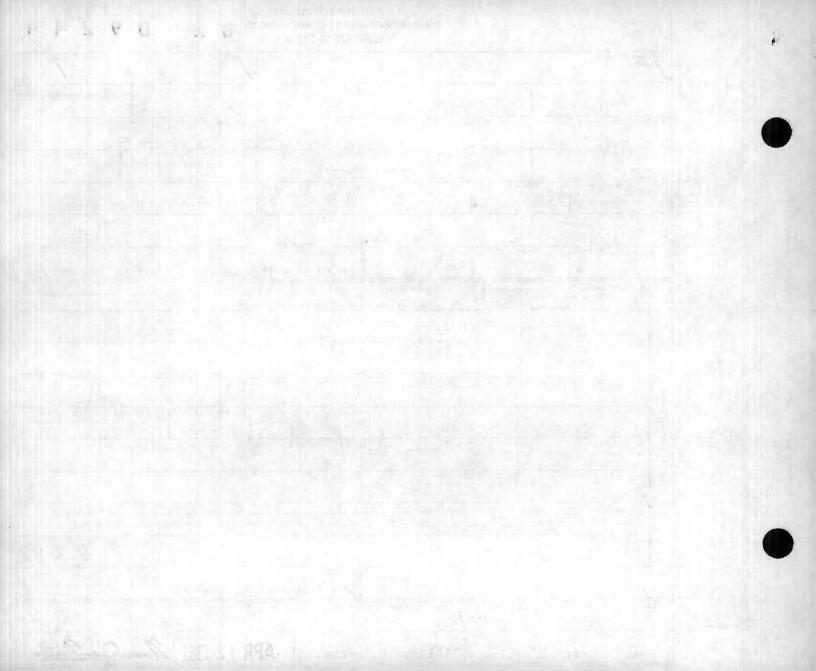
24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Towson, Maryland 250 DATE REC'D Van Wether

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5	1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	0 4	0 9	244
23 pe	1.0	CEASED NAME FIRST	MIDDLE	Gray	Sr.	REG. N	MONTH DAY	YEAR 26 HOUR
age 4 mo	1 SE	Make	- Blact	Y DATE C		6. AGE (IN YEARS LAST BIR	YRS.	NDER I YEAR IF UNDER 24 HRS
death. P	Ri	Chmond, VA	7b. CITIZEN OF WHAT CO	MARRIE WIDOWE			more Ci	ty MC
in by the se filed will be four fee		Baltimore JAL RESIDENCE (IF NURSING HOME)		GIVE STREET ADDRESS) RE CITY HO		12a USUAL OCCUPATI		2b. KIND OF BUSINESS OR NDUSTRY
hin 24 ho ly filled i should be	130.	STATE 136 COU	UNTY 13c. CITY	OR TOWN 1 timore	13d. INSIDE CITY LIMITS? YES X NO		Callow	Avenue
complete	2	William WAS DECEASED EVER IN U.S. A	H.	Gray, Sr.	15. MOTHER'S MAIDEN NAME OF THE STREET Alice	MIDDLE	Ť.	Dixon
tian and correst. Pages		(YES, MO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	N/A	Gladys Th			110W Ave.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of cattending physician. If the scertificate has been signed by the attending physician and completely filled in by as the burial-trainst permit. Then please remove carbonapapers. Pages I and 2 shall be file th and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examine (mays be to account or the contract of	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	el Concernion	INAL DISEASE OR CONI	DITION GIVEN I	
The law rian. I has been to permit. I permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH?
DING PHYSICIAN: The or attending physician or attending physician Affer this certificate in cas the buriod-transity of the and Mental Hygier marked or term 18 show	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTH WHILE AT WORK AT WORK	DEATH NER) HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC)	21t. HOW INJURY OCCURR 21t. LOCATION STREET	CITY OR TO		ORPARI 2) COUNTY STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	/H Tno 11/	ADDRESS NOrt	b Arre	REC'D. BY REGISTRAR	25b. PEGISTRAR	SSIGNATURE

STATE OF MARYLAND



J. SKY FEMALE SALE OF BRITH AND COUNTY OF DEATH JA. BRITHPLACE (SMIT OFFORD IN ADMINISTRY) JA. BRITHPLACE	/				STATE OF MARYLAND		
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Theresa Ther		14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
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18. CAUSE OF DEATH (Finite only one couse per line for (o), (b), and (ci) 19. PART I DEATH WAS CAUSE (b) 19. PART I DEATH WAS CAUSE (c) 19. Conditions, if any, which gover rise to immediate coure 10. Inding the underlying course 10. India the underlying course 10. Indi	0 0 -				CURITY NO. 17 INFORMANT Solution	nd & Cincon ADDRESS	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED WHILE NOTWHILE ALWORK CATHON, OFFICE, FARM, ETC) 21d. INJURY OCCURRED WHILE NOTWHILE ALWORK CATHON, OFFICE, FARM, ETC) 22d. I certify that (I) (this hospital) attended the deceased from 19 , and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (drd. (drd. not view the body after death.) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	igned en ple burid	1,					ON GIVEN IN PART 1(a)
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NUTTER FUNERAL HOME 3035 W. NORTH AVE.

STATE OF MARYLAND

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STATE OF MARYLAND

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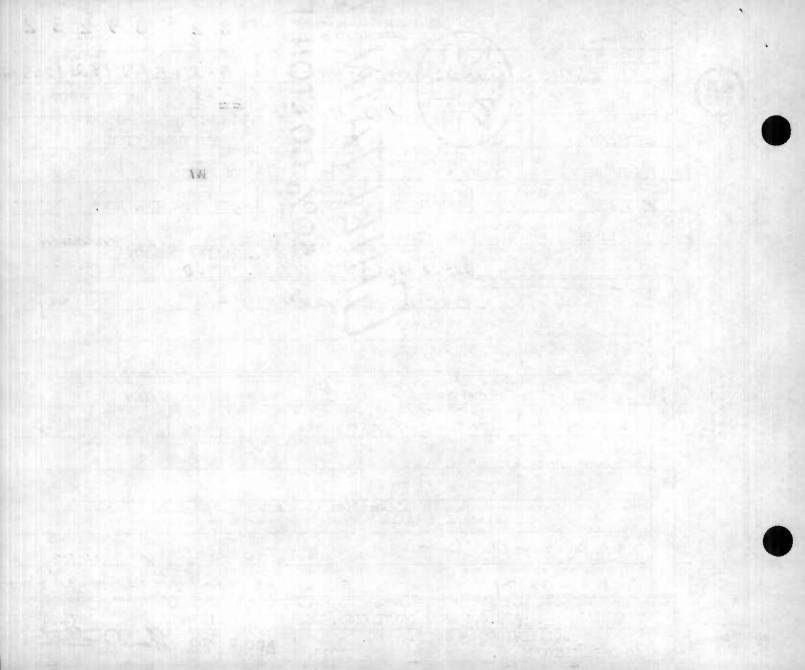
6500 YORK RD. 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1/			STATE OF MARYLAND		
1	11.	FOR STATE		RTMENT OF HEALTH AND MENTAL HY	GIENE 8 2 0	9251
1		REGISTRAR Willia	m E. Grose	CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3		William	n Edwar	d Grose	April	23 1982 10 pm
mo, po	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR5
		Male	Chucksian	MONTH 8 OAY 15 VEAR	72 YRS	MONTHS DAYS HOURS MIN
·		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY OR COUN	
5	M	D. USA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimon	e Cite MD.
Pal	10 C	ITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
6	3 2	BALTIMORE	South Bu	lto. Gen. Hosp.	(TYPE OF WORK FOR MOST OF WORKING	General Motors
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3		MO		adeua YES NO X	114 Kenwo	od Rd.
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000	Φ_	William	Gros	c_ Orp	ha	Fisher.
dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURE NO. 17 INFORMANT	ADDRESS	
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2		27a.1 certify that (1) (this hosp	1 13 5		, 10	, 19 that (I) (ve) ast
21	100		view the body ofter death.		death accurred on the date and h	
Hem		226 SIGNATURE	1 - 1	DEGREE	MEDICAL CTAFF A A	224. DATE SIGNED
± .:-		(1.	Junios U		MEDICAL STAFF DIRECTOR PHYSICIAN	4-23 \$2
STANT:		22d PHYSICIAN'S NAME (TYPE C		22e. ADDRESS	1 words of	
With the Store		ANGELICI	A DUENA.	s 3001 St. 1	Vallovan smal	# 21230
v 3 ₹	23a.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	4/27/82	Loudon Park Cem	Pol+imoro	Manueland
1/76	24. F	UNERAL DIRECTOR Bal	timore Md ADDRES	21225 250 DA	TE REC'D. BY REGISTRAR 25b. REGISTRA	ISTRAR'S SIGNATURE
(4))	Ge	orge J. Gonc		ie Howy	27 1082 Trunca	Jan Burn

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7	- STATE REGISTRAR	0 9 2	5 2				
24	1 DECEASED NAME FIRST	IN .		AST	20. DATE OF DEATH MONTH	1	26 HOUR
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W()	3. SEX	4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS
9	EMALE	CAUCASIA		1 30. 1896		rs.	HOURS MIN.
5%	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUR	NTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
50	MARYLAND	USA	WIDOWI	DIVORCED	BALTIMORE	CITY	MD.
F 1 -	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME (OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126 KIND (OF BUSINESS OR
00	BALTIMORE	SINAL		M.	HOUSEW/FE	AT H	
S P	USUAL RESIDENCE (IF NURSING HON 130. STATE 136 CO	OUNTY IS CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
EZ.)	MARYLAND		IMORE	YESXX NO	6522 PARK HT	S. AVE.	#21215
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300	SIMON	NEUBERO		HANNAH		UNK	NOWN
edicol	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SILVE WAR OR DATES	SECURITY NO.	17 INFORMANT MRS	HELAINEDEROSE	NTHAL	
a a	NO	2.	2-1215	6528 SANZO R	D., APT. D	#21	1208
t, th	18 CAUSE OF DEATH (Ente	er anly one cause per line far (o , ((b), and (c)				XIMATE INTERVAL
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or r	5 4850	DUE TO, OR AS A CON	SEQUENCE OF				0
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er tr	gove rise to immediate		SEQUENCE OF				
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ry, 0	PART 2 OTHER SIGNIFICAL	nt conditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	QIVEN IN PART 1	a.
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prio	5 190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. I	FYES, WERE FINDING	NGS USED
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21	saw the deceased alive abave, (1) (we) (did) (did	nat) view the bady after death.	1982	nd that in (my) (our) opinion	deoth occurred on the date and	hour and from the	couses stated
Herr	22b. SIGNATUR			DEGREE		22c. DATE	SIGNED
#	yuna	NVC		MI) ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	n 1/2	2/82
TAN	22d. PHYSICIAN'S NAME (TO	PE OR PRINT)		22e ADDRESS		11.5	MD
with the State	A-14-K/	HR IM		Sinai H	ospilal, B.	altimo	W 2124
3 ₹	230 BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY) BURIAL	APR.4,1982	BALTIM	ORE HEBREW	BALTIMORE	MAR	YLAND
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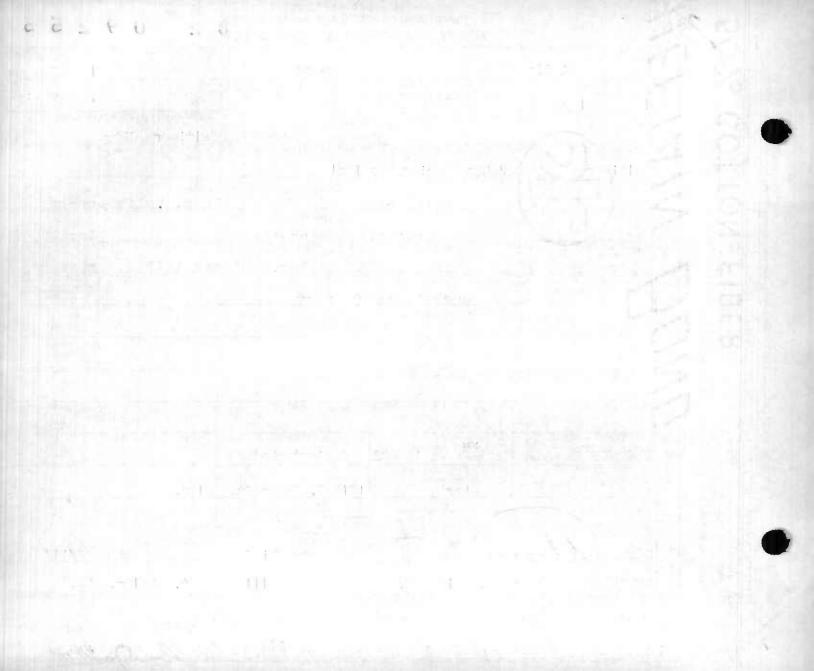
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	REGISTRAR				ICATE OF DEATH	REG. NO.	, , , ,	
. m.e	I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	n
g e g e e o d		ALIC			IAASE	April 25, 198		
	3. SEX	4.	RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	4 HRS MIN.
(NA)	Female		White	Mar	. 5, 1892	90 YR		
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The first	10. CITY OR TOWN OF DI		, NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		
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A b B S	Willia	m		gie	Mary		Musgrave	
MORE ond c Pages	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME (NEYES, GIVE W	AR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRESS		
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ADIN Or Ose o Se mon	22a I certify that	lr (this hospital	attended the deceased	from	4/25 1982	. to Y/25	. 19 82 , that H (w)	lost
Pitol for u	sow the deced	did (did not)	view the body ofter deoth.	19 <u>82</u> . ar	d that in (my) (our opinion	death occurred on the date and	nour and from the couses stat	ted
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5 5 5 4 × X	230. BURIAL, CREMATION				EMETERY OR CREMATORY	23d. LOCATION	COUNTY STA	4.25
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DHMH-16 30M 2/80	24 FUNERAL DIRECTOR	Henr	y W. Jenk		250. DA	TE REC'D. BY REGISTRAR 256 DEC	SISTRAP'S SIGNATURE	en
(VRA 15, 4)	4905 York		Balto. N			PR 26 1982 Char	res Jan Mill	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT 02 GRDINAND 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR HOURS DAYS white 03 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. BALTIMORE WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baker Baking BALTIMORE GENERA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BALT 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST UNIC 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (F YES, GIVE WAR OR DATES) 216-05-3042 Anna K. Hachemeister no (same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NO YES T Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR To to OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended, the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF should be deta with the State [DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OF TOWN Burial Meadowridge Mem. Baltimore 24 FUNERAL DIRECTOR Balto. Md. 21225 DHMH - 16 25M (VR A 15 (4)) 9/74 George J. Gonce F.H. 4001 Ritchie Hgwy.

anomining 3612 57,11004 57 1215-0- Hone and Lane of the name South -20-2121 Hard Brand . E. wood electric litters and address

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTI-OF Louis DEATH MATED Hackett 4 10 19 82 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR 33 YRS. 8:45P PRONOUNCED 1948 4 10 DEAD Black 10 1982 Male To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA WIDOWED [DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 174 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY <u>Johns Hopkins Hospital</u> Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1136. COUNTY 13c. CITY OR TOWN Baltimore YES . NO [] 916 N. Wolfe Street Md 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDCLE MIGGLE LAST FIRST Clark Charles Hackett Doretha 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR GATES) 215-52-4546 Delores Wilson 1813 E. Eager No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound to chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL.
HEALTH AND ME
AL, CREMATION lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS MRITING THE WE CHIEF ME ARDED TO THE CHIEF ME AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA TOO TO BURILL COME. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR AND MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 Subject shot 214 INJURY OCCURRED 21e PLACE OF INJURY 71E LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. I STATE WHILE AT WORK COUNTY 1818 E. Eager St. Md. bar Balto 228. I certify that I took charge at the remains described above, held an Autapsy Inspection and in my apinian Hamicide X death resulted from Suicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER 4/11/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Md Baltim 16/82 Eastview Mem Park Buria1 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR **DHMH-17** VR A15 ME (5)) William March E/H 1101 E. North Ave 15M 2/80



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

8

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
1. DECEASED NAMI	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOL
	GRACE		В.	HA	LE	April 26	, 1982		
3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER
Fema		M	nite	Apri	1 16, 1892	90	YRS.	DATS	HOURS
To DIRTHPLACE (S		16 CITIZEN OF	WHAT COUNTRY?	8 AAADDIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
Marylan		US	SA .	WIDOWE	77	Baltime	ore Cit	у,	
. CITY OR TOWN		111 NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING LIEEL	126 KIND C	Lode
Baltimon		4	een Nursi		me	House Sta:	ff Busi	ness (Girls
USUAL RESIDENCE	(IF NURSEO SOLL C	OTHER INSTITUTION	13c. CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland		ltimore	Towson		YES NO X	710 Hicko	ory Lot	Road	
14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		IA:	ST
The	mas		Burton		Amanda		На	mmond	
160 WAS DECEASE		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
No			214-24-5	567	Mrs. Virgin	ia H. Ramse	ey Sam	e as	£13.
II CAUSEO	DEATH Enter o	nly ane cause pe	r line for (a), (b), one	d (c)				APPROX BETWEEN	MATE INTE
PART I. DE	ATH WAS CAUS	ED BY:		DIAC	ARREST				EDIAT
111	IMMEDIA	TE CAUSE (a)	0/3/	VIAC	117-1-37			1000	C7/11/
1 41	00	DUE TO, C	R AS A CONSEQUE	NCE OF					
Canditions,	if any, which	(16)	COR	ONAR	THROMBO.	513		(
gave rise	to immediate) "							
cause (a),	stoting the couse last.	DUE TO, C	R AS A CONSEQUE			101200		Un	ANS.
	20030 1031.	(c)	Cor.	ONTR	y HEART 5	IS ENSE		16.	7
	RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a i
190 DATE OF									
S 190 DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDI	
FILE						YES NO	YES		NO [
	WAS UNDERLYING	110115		V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)	
OR CONTRIBUTE	NG CAUSE OF DE	AIH	.m. month da .m.	19					
(IF EITHER NO. 21d. INJURY C			OF INJURY	17	211. LOCATION				
WHILE T	NOT WHILE AT WORK		REET FACTORY OFFICE F.	ARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	4
AT WORK	AT WORK				n/	11	-1	42	
220.1 certify	that (I) (t his hosp	rtal) attended th	ne deceased from_	8/2	, 19.	, to	10 19		that (I) (
saw the	deceased alive ar	4/21	ofter death	52 . on	d that in (my) (aur) opinion	death occurred an the d	ate and haur o	and from the	causes st
22b. SIGNATU		ut view the body	utter death.		DEGREE	1		776 DAIE	
28.	1004	C	10.	12.20		MEDICAL STA	FF	101	
100	nald L	DOMUN	rele,	VWN	PHYSICIAN	DIRECTOR PHYSIC	CIAN	17/6	7/82
	N'S NAME (TYPE				22e ADDRESS		10.00	-/	
Do	nald L.	Sommerv	ille, M.D		26 W. Pen	nsylvania A	venue		
23a. BURIAL, CREMA			<u> </u>		EMETERY OR CREMATORY	123d LOCATION			
(SPECIFY) Burial						CITY OR TOWN		COUNTY	5
KUTTA		April	20. 1900	rarkw	ood Cemetery	Parkvill	A B	altimo	are

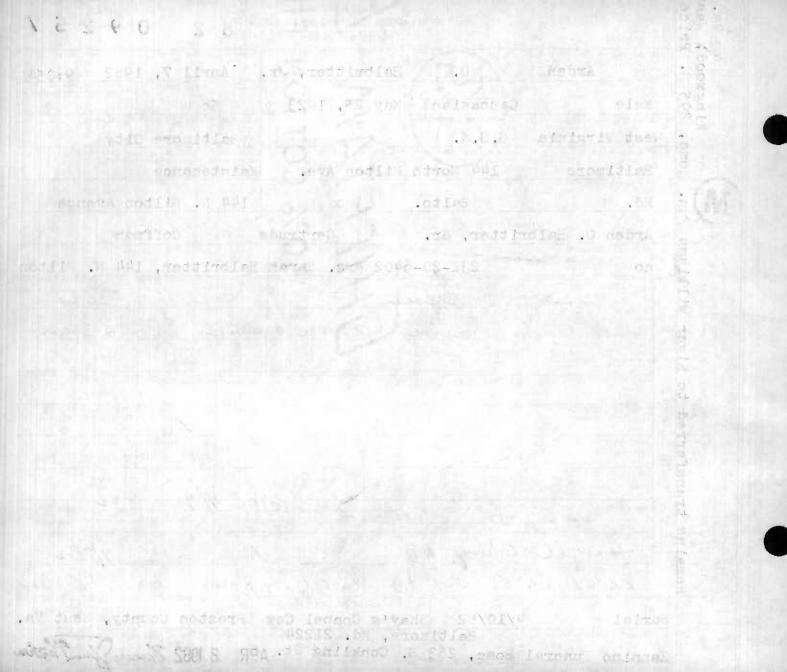
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DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS Ruck Towson Funeral Home, Inc. 1050 York Road

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20 DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) ESTI-OF Phillip DEATH MATED 22 19 82 1 Hall John 5 DATE OF BIRTH SEX 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR :55 YEAR LAST BIRTHDAY) HOURS PRONOUNCED 8/29/24 DEAD 22 19 82 Male Black 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Mary Land U.S.A. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY GIVE STREET ADDRESS. Baltimore 202 N. Monastery Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. 13e. STREET 20025 N. Monastery Ave. 13b COUNTY 13d INSIDE CITY LIMITS? NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRSTAgnes LAST Howard Halil S... Harrin 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) HE YES, GIVE WAR OR DATES! 202 N. Monastery yes arnes 216-16-2437 Carrol 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL CAL EXAMINER ALOF G W BURIAL-TRANSIT PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B CERTIFICATION E DEPARTMENT OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WARDED TO THE PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINEE THIS CEI EXECUTE THE CERTIFICATE, WRITIN PACE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PACE 3 ATRE DEATH WITH THE STATE DE BATTWOSE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 4/23/82 ACTUAL Deputy DATE SIGNATURE SIGNED EXAMINER'S NAME III Penn St. Balto. MD Thomas D. Smith M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Crownville A.A. Crownville Vet. Cem 4/28/ P Buning 250. DATE REC'D, BY REGISTRAR 256 REGISTRA DHMH - 17 (VR A15 ME (5)) Rice FSPA 1300 Eutaw Pl Chas. 15M 2/80

STATE OF MARYLAND

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BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

				STATE	OF MARYLAND			
	1.	FOR STATE	C		ALTH AND MENTAL HYG	IENE 8 2	0 9 2	60
		REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	WIDDLE	LAS	st .	20 DATE OF DEATH	MONTH DAY YEAR	2h HOUR
		LUCILE -	В	HALI			04/17/82	6:35 MP
	3. SE	X	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTE	HDAY) IE UNIOER I YEAR	IF UNDER 24 HRS
	1	lemale.	white	MONTH 9/1	3/05 YEAR	78	YRS.	HOURS MIN.
p CVS.			76. CITIZEN OF WHAT CO	UNTRY? 8.		9 BALTIMORE CITY OF		
3	9	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED	DIVORCED D	BALTIMO	RE CITY	
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME OF		12a. USUAL OCCUPATIO	ON 12b, KIND O	MD. OF BUSINESS OR
3	B	altimore	THE JOHNS	S HOPKINS	HOSPITAL	housewife.		4
,	USU	AL RESIDENCE HE NURSING HOMEO	R OTHER INSTITUTION GIVE RESIDE	NCE BEFORE AOMISSION)			own 1	home
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		ATHER'S NAME			S. MOTHER'S MAIDEN NAM		Lhatham Rd.	-
1	2	William F. Bay	ker	LAST	Clara Bake	WIDDLE	LAS	T
_	160 V	VAS DECEASED EVER IN U.S. AF		IAL SECURITY NO.	17 INFORMANT	ADDRES	S	
2	()	YES, NO OR UNKNOWN) {IF YES, GF	VE WAR OR DATES)	-38-8150	4 11			200/12
			1217		Ms. Vivian D	ue 25/0 jo	nathan Road	21043
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	ED BY:				BETWEEN	MATE INTERVAL DISET AND DEATH
		17119 IMMEDIA	TE CAUSE (a) META	STATIC CA	MEINDMA '			
			DUE TO, OR AS A CO				2	
		Canditions, if ony, which gave rise to immediate	(b) 1+a	eno carci	WOMA PRESUR	many OFA 13	Mean & Kingry	
		couse (a), stoting the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF				
		D.D.C. OTHER SHOWER	(c)					
	Z	PART 2 OTHER SIGNIFICANT	ma. Tail		OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110	I,
	ATIC	HCUR 19501RA	7001	WHICH OPERATION	WAS DEBEORATED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	IOC HISTO
	CERTIFICATION	THE DATE OF GLERNING.	THE CONDITION ON	WINCH OF EKATION	WASTERFORMED	U	IN CERTIFYING CAUSES	OF DEATH?
Н	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES X NO	YES 🗌	NO 🗌
3	IL C	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	ZII. HOW INJOK! OCCORR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
	ME	WHILE NOT WHILE IT	(AT HOME STREET, FACTOR)		STREET	CITY OR TOW	OUNTY COUNTY	STATE
	100	AT WORK		d from 3/30	1 07	4/1	3 07	
		220.1 certify that (1) (this hospi saw the deceased alive an	. / / . 7	d Holli	that is (my) (any) assertion	, ta	19 12	that (1) (we) last
			at view the bady after deat		that in (my) (our) opinion o			
-		Soll of elect	Cours	110	GREE	MEDICAL STAFF	TERN . 220. DATE	SIGNED
	- 11	22d. PHYSICIAN'S NAME (TYPE C	20 000121	MI)-	PHYSICIAN _	DIRECTOR PHYSICI		7/82
					22e ADDRESS			
_			HADD		JOHNS HOPKINS	HOSPITAL	BALT. Md	
	23e B	URIAL, CREMATION, REMOVAL SPECIFY)		23c NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	04 5:	cremation	14/19/82	Westvier		Latonsvi	lle Balta	Maryland
	24 FL	JNERAL DIRECTOR	,	DDRESS	ADD	REC'D BY REGISTRAND	b. REGISTRY R'S SIGN AT	JEE .
	Ami	brose Juneral to	Jome 1328 Si	John Son	ing Rd. AFR	NT 1305	01	

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Henry W. Jenkins & Sons Co., Balto., Md.

(VRA 15, 4)

STATE OF MARYLAND

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IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, th

STATE OF MARYLAND							
EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	0	9	2	6	3
CEKTIFICATE OF DEATH							

	REGISTRAR		C	EKTIFICATE OF D	EATH	REG. N	0		
	1 DECEASED NAME FIRST	MI	DDIE	LAST		20. DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE OR PRINT) MINNI	E R.	HAMMON	D			3 3	31 82	7.2564
	3. SEX	4 RACE		DATE OF BIRTH		6 AGE LIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
6	Female	White		12 BAY	1897	84	YRS.	MONTHS DAYS	HOURS MIN.
0	To. BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF W	HAT COUNTRY? 8	AARRIED NEVER M	AARRIED [9 BALTIMORE CITY O	R COUNTY	OF DEATH	
۶	Virginia	USA		37	ORCED	BALTIMORE	CITY		MD
1	BALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSING H FACILITY, GIVE STREET ADDR N MEMORIAL		ITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Retired			OF BUSINESS OR
1			IVE RESIDENCE BEFORE ADM	113d, INSIDE CI	TV LIMITED 1	STREET ADDRESS		21210	
7	Maryland 5	- 1	Baltimore	7.0	NO D	6003 Almor	it Pl.	Balte	0.
1	14 FATHER'S NAME FIRST	WIDDLE	LAST		MAIDEN NAM	MIDDLE		- 14	cī
Ų	Wesley		Bailey	Alice		711005	Ar	rington	n
J	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	6b SOCIAL SECURITY	NO. 17 INFORMAL	NT	ADDRE	ssland	, Pa. :	17070
4	No		220-14-835	55 Mr. Cli	inton Ha	ammond 503	7th S	t. New	Cumber-
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR (c)	AS A CONSEQUENCE	e of e of		Weech"		EN IN PART 1	0
	S I VE	OKE	IOLLEGE MALIGUE ORG				Ten man		
3	STA COLORN WAS UNDERLYING TO	Gosta		eration was perfor	IMED	200. AUTOPSY? YES NO		WERE FINDING CAUSES	
,			MONTH DAY	YEAR	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
	ON CONTRIBUTING CAUSE OF DEA	21e. PLACE OI	F INJURY T, FACTORY, OFFICE, FARM, I	211 LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no	3/31/	19 82	, and that in (my) (, 19 8 2 (our) opinion de	eath occurred on the do	ite and hour	0	that (I) (we) lost
	22b. SIGNATURE	rein	o Avr	Р	TTENDING PHYSICIAN []	MEDICAL STAP		22c. DATA	31/82
	22d PHYSICIAN'S NAME (TYPE OF SERGI		12151	22e ADDRESS UNIO		RIAL HOSPIT	AL		
	230 BURIAL, CREMATION, REMOVAL	23b. DATE		E OF CEMETERY OR C		23d. LOCATION		COUNTY	STATE
	Burial	4/3/82	Lorra	aine Park (Cem.	Baltimore	3	COUNT	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

1. Alan Seitz, Jr. Funeral Home 3818 Roland Ave.

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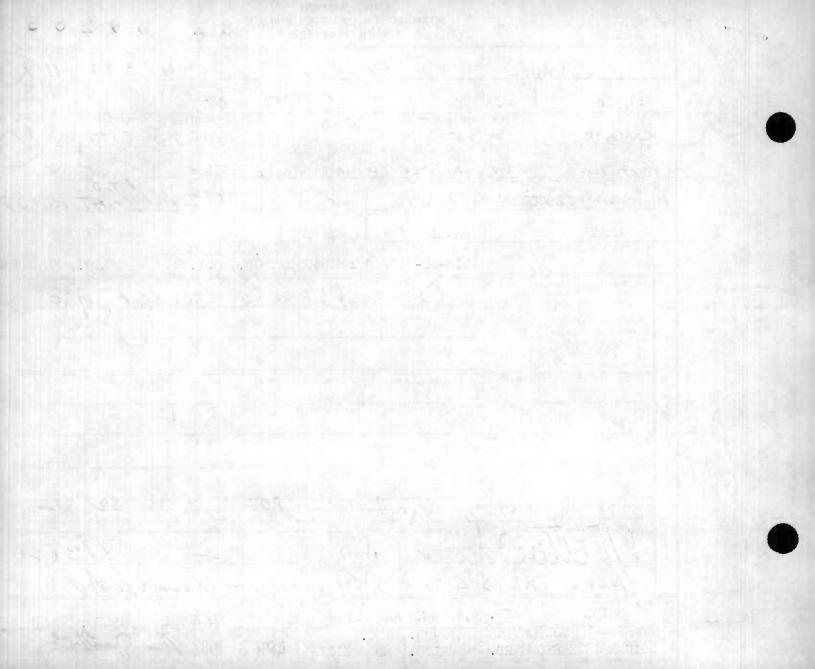
76		FOR - STATE REGISTRAR			CERTIF	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	rgiene 8	Z REG. NO.	0 9 2	6 4
P		CEASED NAME FIRE OR PRINT)	Iten C:	rlisle	11.	nmond Jr	20 DATE OF	DEATH MONTH	DAY YEAR 12 82	26 HOUR 12:45 PM
		Male	4 RACE White		5. DATE O	DAY YEAR	65	EARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
M	5	MRTHPLACE (STATE OR FOREIG EQUINTRY) Maryland	N OF CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		MORE CITY		MD.
114		BALTIMORE	I I I I I SU	HOSPITAL, NURSING FACILITY, GIVE STREET A	ADDRESS)	HOSPTIAL	(TYPE OF WORK	OCCUPATION K FOR MOST OF WORKING ineer	G LIFE) INDUSTRY	OF BUSINESS OR
B	116.	AL RESIDENCE (IF NURS NOT	or other institution county alto.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Timoniu	N	13d. INSIDE CITY LIMITS?	13e. STREET		Timon	ium, Md.
15 King (H. F.	ATHER'S NAME Walter Ca	rlisle	Hammon	d, Sı	. Mother's maiden N first Minnie		WIDDLE	*	AST
C medicol	1	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF)	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	166 SOCIAL SECU 212-05-4		Virginia A.	Hamn	address	Time 48 Sprin	nium Iglake Dr
r ather troumatic eve		Canditions, if ony, whi gave rise to immedia couse (a) stating to underlying cause lo	DUE TO, O te DUE TO, O DUE TO, O DUE TO, O DUE TO, O	R AS A CONSEQUE		« Bladds	e^ Ca	inci homo	ce	
ows ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFIC HEAV	t Failu	ns 4	Ch	NOT RELATED TO THE TER VULLE OG ST N WAS PERFORMED	MINAL DISEASE VACTO 200 AUTO YES T	PSY? 206. IF	GIVEN IN PART I	Di'sease
Per 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLY IF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED	OF DEATH HOUR A.	M. MONTH DA M.	YEAR	21c HOW INJURY OCCU		7		
morked or frem	ME	WHILE NOT WHILE C		REET FACTORY, OFFICE FA	ARM ETC)	211. LOCATION STREET	104	CITY OR TOWN	COUNTY	STATE
.50		22a. I certify that (I) (this saw the deceased all abave, (I) (we) (did) (c 22b. SIGNATURE	and Llon	1 12 10 4		d that in (my) (our) opinion	n death occurred	d on the date and h		that (I) (we) lost causes stated
MPORTANT: If them 2		Down 220. PHYSICIAN'S NAME	M X TYPE OR PRINT)	oh	M	ATTENDING	MEDICAL DIRECTOR [STAFF PHYSICIAN	4/	12/82
IMPORT	22- 1	Davis	M. 7	fahn	1115 05 0	5601 Yo	ich 1	Paven	Blud	21239
	1	BURIAL, CREMATION, REMO (SPECIFY) Burial	4/15/	82 Du		Valley Cen	n. Co	Ckevevill	le, Mar	yland
/81	1	UNERALDIRECTOR LOWell	Lemmon	ADDRESS		250. DA	ATE REC D. BY RE	EGISTRAR 756 REG	AR'S SIGNA	Then

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

FOR



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(VRA 15, 4)

REGISTRAR

Laurens Baltimore. Maryland Horton Maryland21215Ave Mr. Napoleon Hanks Sr. 2921 Norfolk APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours mos NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED 21201 Baltimore City,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

Cosmetic Co.

IF UNDER 24 HRS

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IF UNDER I YEAR

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				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2	09267
10		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
\$ (LEE	(TYPE	Mary) MINNIE	E NA.	HANN	APRIL	S 1982 6:20 A
1 8	3 SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
0 5	Fe	emale	White	6 4 1900	81	YRS.
ha	7a. B1	OUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED ANEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
1/		eland	USA	WIDOWED DIVORCED	Baltimore	City
19			II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Vorth Charles 'Ge		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	F WORKING LIFE) INDUSTRY
See on the	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3951 Falls	Contract the second
4 1		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
301		John	Hanratty	Margaret	MIDDLE	Henoway
ico /		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		ADDRE	
Poges	(4	es, no or unknown) (if yes, give	218-10-3	496 Mr. James Ha	nn 3951 Fal	ls Rd.
mave corbon notion, or ren traumatic ev		5860 Canditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUE		FAILUR	
leose re iol, cren or other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			
Then pleo to buriol injury, or	NOI	cause (a), stating the underlying cause lost.	(c)	NCE OF DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONL	DITION GIVEN IN PART 1(0)
buriol ry, or	TIFICATION	cause (a), stating the underlying cause lost.	(c)ONDITIONS CONTRIBUTING TO D		200 AUTOPSY? YES NO	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Itonsit permit. Then pleo I Hygiene prior to buriol 18 shows any injury, or or	CAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	(c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH 21b. TIME OF INJURY	OPERATION WAS PERFORMED 216. HOW INJURY OCCUR	20a AUTOPSY? YES NO	206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
Hygiene prior to buriol 18 shows any injury, or	MEDICAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	(c) ONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI 19 21f. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO THE STATE OF PART 2)
certificate in social styles of control transfer of the control transfer of th		COUSE (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COURT COURT CONTROL OF OPERATION 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT (IF ETHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 22g. I certify that (1) (this haspits saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	(c) ONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! AY YEAR 19 21f. LOCATION STREET ARM. ETC.) 21f. LOCATION STREET DEGREE	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death accurred on the do	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TO THE STATE OF THE
s detached for use as the burial-transit permit. Then plea State Dept. of Health and Mental Hygtene prior to burial IAT: If them 21 is marked or them 18 shows any injury, or the them 21 is marked or them 18 shows any injury, or the them 21 is marked or them 18 shows and injury, or the them 21 is marked or them 18 shows and injury, or the them 21 is marked or them		COUSE (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAT (IF ETIMER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. certify tho (1) (this hospitus with deceased alive on above, (1) (we) (did) (did not 27b. SIGN ATURE) 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S	(c) ONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F OIL) attended the deceased from APRIL 8 (view the bady after death.)	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI 19 21f. LOCATION STREET ARM. ETC.) DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOX death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE NO TO THE NO TO THE NO. TO THE NO
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(white) Saltiers Offig Palet one formula Countries Coverni Talvimore IX 1991 Falls Nd. bur Lore Jacoba attacks Henoway. 21 -10-3196 Pr. James Sonn 3951 Palls Rd. enrial Balthuck, Wolvelergener Cen. Balthuck, W. A.A. and Salter, June rate and Salt Follow Lave.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR REG M DECEASED NAME 20. DATE KNOWN -MONTH DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-Paul A. DEATH MATED Hanson 82 4 4 19 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS YEAR 2d HOUR DATE AST BIRTHDAY) PRONOUNCED Aug. 25,1965 16 Male DEAD White 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED California NEW PENDING" IN PENCIL IN 1784 19. GIVE PAGES 1, 2, AND 3 TO THE FUNE.

HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOIL USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH OF HEALTH AND MENTAL HYGIENE, DIVISION OF THAL RECORDS, 201 W. PRIPLY, CREMATION, OR REMOVAL. U.S.A. Baltimore City. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 178. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Student Baltimore "University Hospital - STU USUAL RESIDENCE (IF IN NURSING H OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Md. Pasadena 13d. INSIDE CITY LIMITS? 100 Margaret Ave. NO A 14. FATHER'S NAME TS. MOTHER'S MAIDEN NAME Paul Hanson MIDDLE Delores Smith 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS NO OR UNKNOWN) Paul L. Hanson (same as 13e CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt injury to Head and Trunk IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CRETIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 33 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYKAND, 2) 201 PRIOR TO BURIAL, YESXIX NO [21g EXTERNAL CAUSE WAS 716. TIME OF INJURY HOUR XX. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING XX OR EDICAL CONTRIBUTING TI CAUSE OF DEATH 9: 05PM 4 passenger in auto/fixed object impact 1982 21e PLACE OF INJURY (ATHOME 711 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE Road Old Mill Rd. & Rt. 648. Anne Arundel AT WORK Co. Md. 220 I certify that I took charge of the remains described obave, held on Autopsy and in my apinian Accident XX death resulted fram Suicide Homicide Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street 230. BURIAL, CREMATION, REMOVAL 236. PATE 4/8/82 23c. NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery 23d. LOCATION Baltimore, Md. STATE BP 24 FUNERAL DIRECTOR Balto., Md. 21225 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - T7 George J. Gonce F.H. 4001 Ritchie Hgwy. (VR A15 ME (5) 15M 2/80

and form the SOI to 1122 . El. 2122 loored 3. Comes P. S. 4001 Piestin Days. - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 7h HOUR April 1, 1982 3:a 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Self-Employed Tavern Owner 13e STREET ADDRESS 1135 S. Bonsal St. MIDDLE LAST ADDRESS Melvin J. Kodenski, Atty, 412 S. Highland 266 16 16 Cal melletus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) CITY OR TOWN COUNTY STATE .19 82. and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2900 E. Baltimore Street 23c. NAME OF CEMETERY 23b. DATE 4-5-82 Baltimore, Maryland Dulaney Valley 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU

DHMH-16 30M 2/80 (VRA 15, 4)

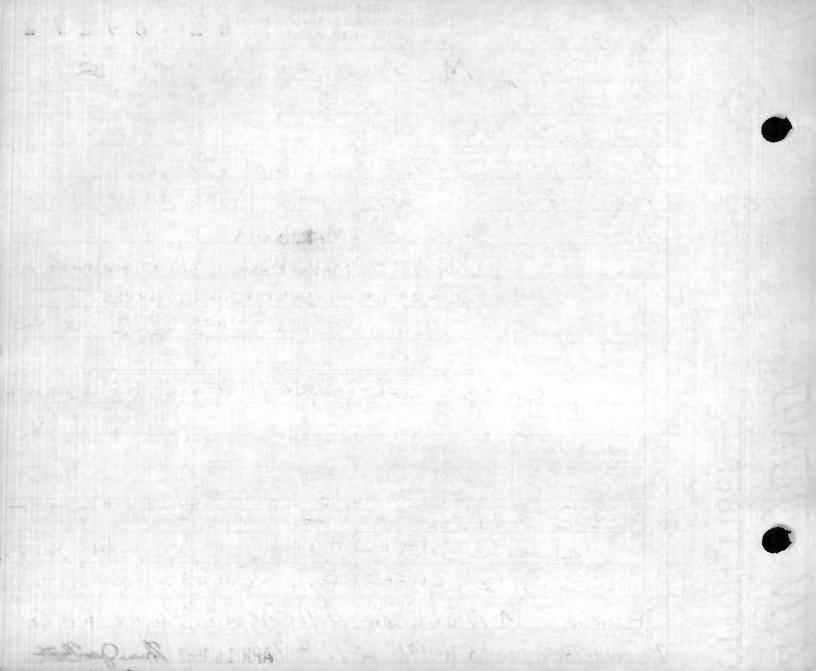
24 FUNERAL DIRECTOR A. Fialkowski 2007 Eastern Avenue

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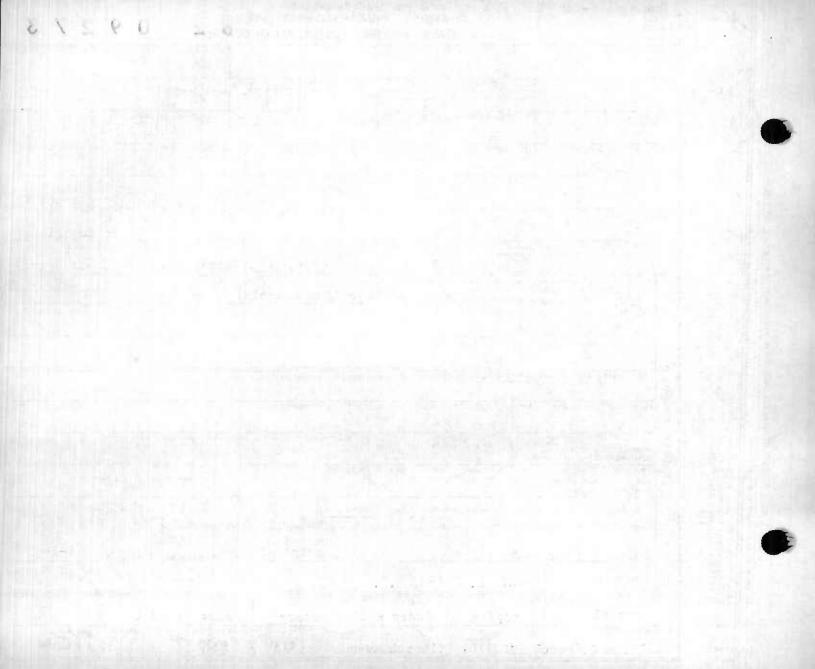
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/	1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 2 7 2 CERTIFICATE OF DEATH CERTIFICATE OF DEATH
4 88		John HARLIS 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 93 PM
	3 SE	DATE OF BIRTH MONTH DAY YEAR 25 DATE OF BIRTH MONTH DAY YEAR Y
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DIVISION THE PART THE	MEDI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
# ATTEND begind to begind to the of the of		270 I certify that if With hospital extended the deceased from 19 32, to 19 42, that it we last saw the deceased alive on 19 32, and that in the course stated above, the (E) deb (did not) view the body after death. 270. SIGNATURE 270. DEGREE 270. DATE SIGNED
Settat o Liby the VERAL D Seeke D ANT. II		27d. PHYSICIAN'S NAME (TYPE OR PRINT) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/3 82
TO HOSP informed 1 TO FUNE should be with the 3	23n F	HOWARD B. GHEN BON SECOURS HOSPITAL BURIAL, CREMATION, REMOVAL 1236 DATE 1236, NAME OF CEMETERY, OR CREMATORY 1236, LOCATION
1802 _{BP}		RURIN A-17-82 CEJAR HILLER GIRR BUNIC A.A. CO. UNERAL DIRECTOR 1250. DATE REC.D. BY REGISTRAR'S SIGNATURE
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Baltimore Street Address Provident Hospital Usual residence Financias	T. DECEASED NAME	30 1982 30 1982 YOF DEATH Y, 2b KIND OF BUS OR INDUSTR reet apt Laughlin Apt H
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MOTTIS Harris Carolyn McLaughlin 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (WE.N.O. ON UNKNOWN) (IF YES, GIVE WAR OR DAIES) 188. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTNER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to) 196. DATE OF OPERATION 196. CONTRIBUTING OR CONTRIBUTING OR 218-FORMAND WAS PERFORMED? 218-EXTERNAL CAUSE WAS 218-TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR COURTEBUTING OR 218-FORMAND WAS PERFORMED? 219. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. AUTOPSY? YES XX 210. AUTOPSY? YES XX 210. AUTOPSY? 210. EXTERNAL CAUSE WAS 210. LINE OF INJURY HOUR A.M. MONTH DAY YEAR 211. IDOCATION 218. CONTRIBUTING OCUSE OF DEATH PART 2 OTNER BUT OF PART 1 OF PART 1 OF PART 2 OTNER BUT OF PART 2 OTNER	MOTTIS Harris Carolyn McLa Mores No 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Harris Carolyn McLa McLa Middle Carolyn McLa Middle Carolyn McLa Middle Carolyn McLa Middle McLa Middle Midd	Laughlir Apt H onia Dri
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	AT WORK AT WORK	
22a Leertify that I took charge of the remains described above, held an Autopsy XX, Inspection , Inquiry , and in my opinion	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	14.
	TITLE (SPECIFY)	<i>c</i> .
death resulted fram: Natural causes E, Accident , Suicide , Hamicide Undetermined manner . ITILE (SPECIFY)	SIGNATURE Ungine Lolar M.D. ASSISTANT MEDICAL EXAMINER SIGNED	5-1-
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) ACTUAL . DATE 5-1-	EXAMINER'S NAME Virginia L. Dolan, M.D III Penn Street	
death resulted from: Natural causes E, Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE	23 BIREAL CREMATION REMOVAL 23 DATE 22 NAME OF CENETRY OF CREMATORY 124 DOCATION	
death resulted from: Natural causes E, Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	Burial 5/7/82 Cedar hill Cemetery Anne Arundel Co	Co N



FOR

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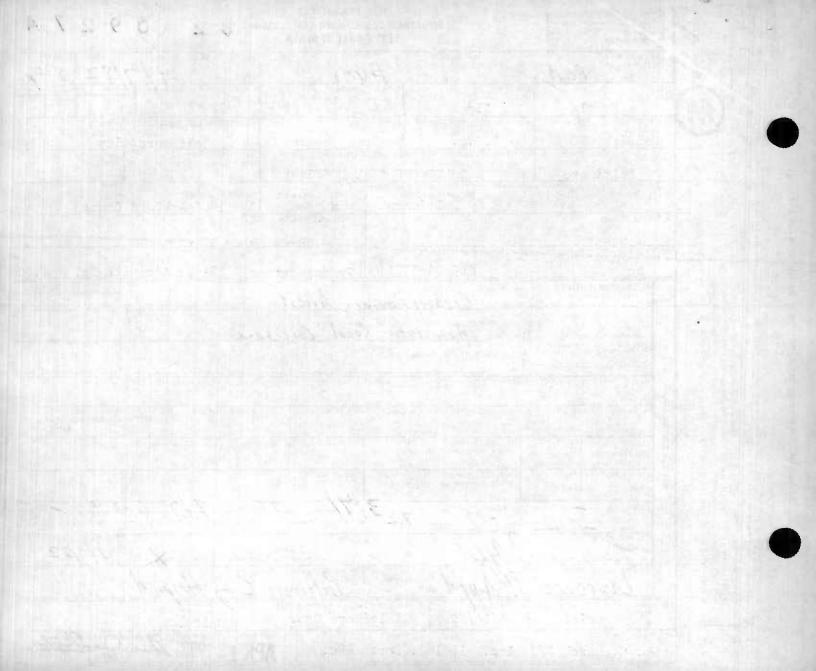
(VRA 15, 4)

REG. NO DECEASED NAME EIRST 20 DATE OF DEATH DAY YEAR 2b HOUR UNDER LYFAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 1006 Ashland Court LAST 131 N. Aisquith St. Apt.50 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (euc) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY 4/14/82 Burial Baltimore Cem. MD Balto. 24 FUNERAL DIRECTOR Wm. C. March F/H, Inc. 1101 E. North AVe.

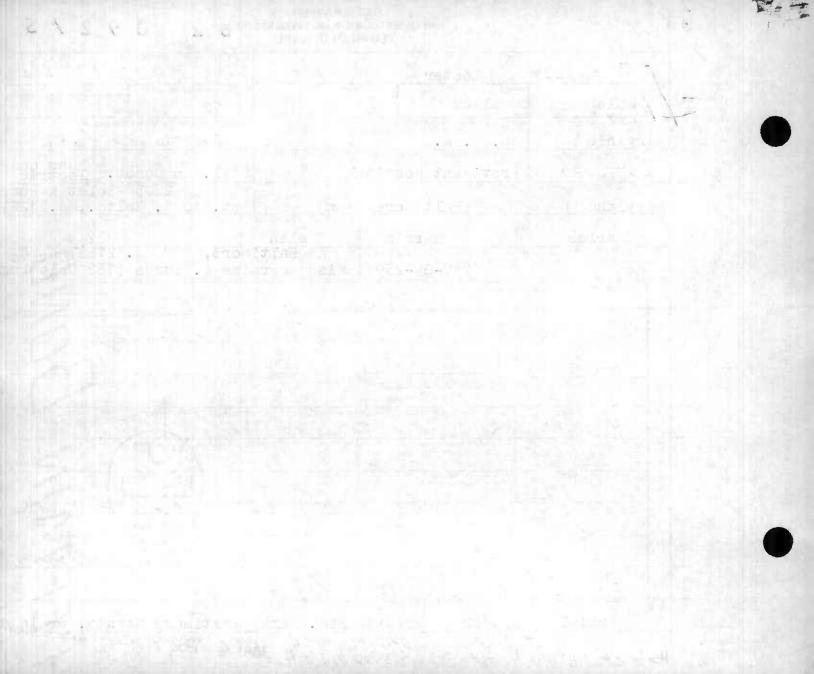
STATE OF MARYLAND

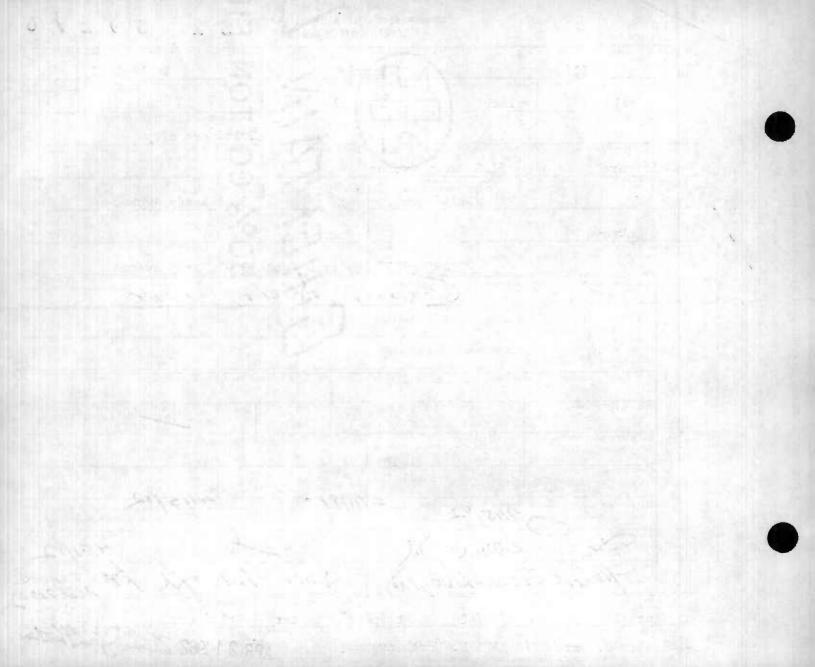
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	1	1/			STATE OF MARYLAND		
	6	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 4	0 9 2 7 5
	/	1. DE	CEASED NAME FIRST	WIDOLE	LAST	REG. NO. 20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	e 7.#	(TYPE	Robert	Lester	Harris	4	30 82 12 A
	woy.	3 SE	(4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
	ge 4		Male	Black	6 26 1909	72	MONTHS DAYS HOURS MIN.
	h. Poge	7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
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MARYLAND 2120	4 hours	USU/ 130. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13. STREET ADDRESS 250	03 Violet Avenue
AND	filled hould	_	ryland	Baltim	ore YESK NO	Apt.310 S.	Balto., Md. 21227
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BALTIMORE,	Poges medico			E WAR OR DATES!	Dan .		TITLE DITTOE
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ECC	No dimin do	CERTIFICATION	190 DATE OF OPERATION	19 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
AL	The Croor	RTIF	7/13/80	K) Carot,	d Dlenosis	YES NO	YES NO
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ON	rSICIA ing pl certif certif vurial-t	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 216, INJURY OCCURRED	P.M.	19 211 LOCATION		
DIVISION OF VITAL RECORD	G PH offer the street of the s	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE
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	TH phil		obove. (1) (we) (did) (did no	of view the body offer death.		death occurred on the date or	nd hour and from the causes stated
	OR A he hoss DIREC roched Dept.		226 SIGNATURE	11/1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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1,000		230 B	URIAL, CREMATION, REMOVAL PECIFY) Burial		NAME OF CEMETERY OR CREMATORY butus Mem. Park	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE
151	J BP	24 FL	INERAL DIRECTOR 1711		Manilland Que 1250 DAT		The state of the s
	DHMH - 16 50M 1/76 (VR A 15 (4))	01.	NAME LE 115/10	TIM ON AODRESS	1141214110 2141	AAY 4 1984 C	Marcas D
		1103	WITE NUITER	LUMENTE HOME	3035 W NORTH AUC		





Henry Sander & Sons, Inc. Balto., Md. 21213

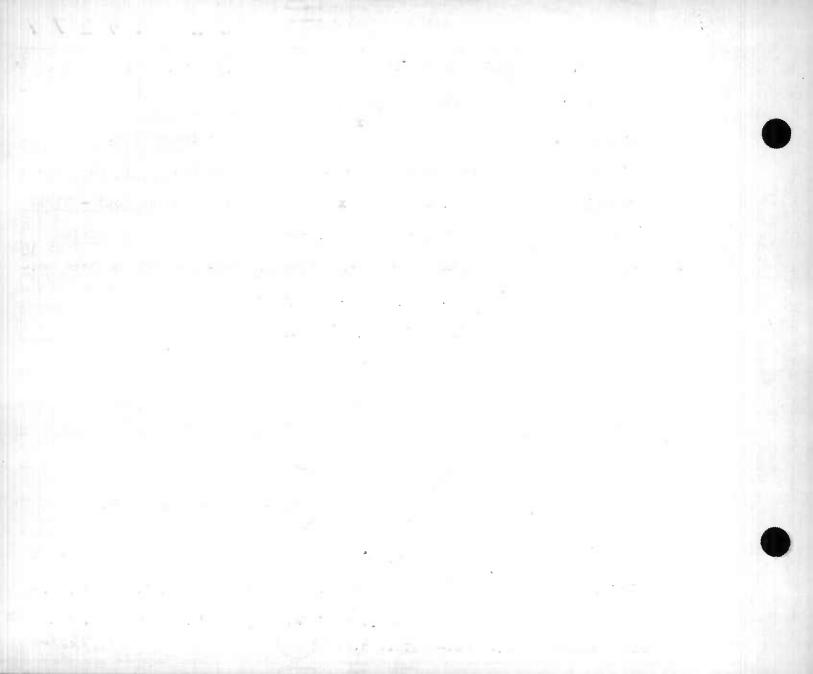
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 7/78



STATE

REGISTRAR

24 FUNERAL DIRECTOR

Chas A. Rice FSPA 1300 Eutaw Pl

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

the street 758 W ANAGE ST AC 5 popular of the American American W.E. J. See water 1500 dumps pr

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	1	-6		

1 -	FOR STATE REGISTRAR
	EASED NAM

8	2	0	9	2	7	
	REG. NO.			1275		

1. DECEASED NAME	FIRST	WIDDLE	LAS	Te	REG. N 20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	lalter	H	2. th	a 45e h		4 10	82	1,15
3 SEX	4. RACE	-//	5. DATE OF		6. AGE (IN YEARS LAST BE	ETHDAY)	IF UNDER I YEAR	IF UNDER 24 H
Male	What	ite	MONTH	DAY YEAR			MONTHS BAYS	HOURS M
BIRTHPLACE (STATE ORFI		F WHAT COUNTRY?	Jan	23, 1910		rs yrs.	OFFICE	
COUNTRY				NEVER MARRIED	9. BALTIMORE CITY	_		
Mary Land		S.A	WIDOWED			nore C	-	
Baltimore	e Unic	on Memoria	1 Hosp	other Institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Reti	OF WORKING LIF		DF BUSINESS
USUAL RESIDENCE (IF NURSI 130. STATE Maryland	NG HOME OR OTHER INSTITUTIO	Baltimor	N II	13d INSIDE CITY LIMITS? YES K NO	13. STREET ADDRESS 123 W. 29	th Str	eet a	ot 14B
14 FATHER'S NAME FIRST	unknown	LAST		IS MOTHER'S MAIDEN NAM FIRST	unknown		LAS	ST .
160 WAS DECEASED EVER I	N U.S. ARMED FORCES?			17 INFORMANT	ADDR	ESS		
No		216-05-1	841	Mrs. Ethel H	arthausen-	123 W.	29th 8	Street
	(Enter only one couse po AS CAUSED BY: IMMEDIATE CAUSE (o)_	completo	(c).)	eart Black			APPROX BETWEEN	MATE INTERVAL ONSET AND DEA
Canditions, if any, gove rise to imm cause (a), stating underlying cause	ediote the lost DUE TO, (c)	Atherose	NCE OF				yea yea	
PART 2 OTHER SIGN	IFICANT CONDITIONS			OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVI		3,
STECATION OF THE STECAT	2 Tro	ans thorac	R /	Pacemaker	YES NO	YES	ING CAUSES	OF DEATH?
210 ACCIDENT WAS UNDE	Z Tre	11	R /	1	YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
OR CONTRIBUTING C	Z Tree ERLYING 11b. TIME AUSE OF DEATH ALLEXAMINER) ED 21e. PLACE (AT HOME, S	of INJURY A.M. MONTH DA	Y YEAR	Pacemaker	YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURRI WHILE NOT INVORE AT WORK 22a. I certify the TI saw the decease, obave, (II (we) (di	2 Tree ERLYING 121b. TIME AUSE OF DEATH ALL EXAMINER) ED 21e. PLACE (AT HOME, S this hospital) attended to	ANS HOVEL DAY A.M. MONTH DAY OF INJURY REET, FACTORY, OFFICE, FA The deceosed from 10 8	Y YEAR 19 IRM, EFC)	211 LOCATION SIREET 10 19 82 that in (19) (3) apinian d	YES NO CITY OR IC	IN CERTIFY YES RY IN ITEM IB. PA	COUNTY	OF DEATH? NO STATE
OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURR! WHILE NOT WHILE AT WORK AT WORK 22e. I certify the 1/1 (sow the decease, obove, (1) (we) (d) 22b. SIGNATURE	RELYING 121b. TIME AUSE OF DEATH AL EXAMINER) ED 21e. PLACE (AT HOME. S this hospital attended to do live on d) (did not) view the bod	ANS HOVEL DAY A.M. MONTH DAY OF INJURY REET, FACTORY, OFFICE, FA The deceosed from 10 8	Y YEAR 19 RRM.EIC)	211 LOCATION SIREET 19 82 that in (TY) Or) apinian d GREE ATTENDING PHYSICIAN	YES NO CITY OR IC	IN CERTIFY YES RY IN ITEM 18, PA WN Die ond haur	COUNTY	of DEATH? NO STATE that (1) (we) causes stated
OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC. 21d INJURY OCCURR! WHILE NOTIFY MEDIC. 220. I certify thou II. (sow the decesse obove, (II. (we) (di 22b. SIGNATURE 22d. PH/SICIAN'S NAI J9 mc.	Troper Serving 21b. TIME HOUR ALEXAMINER) ED 21e. PLACE (AT HOME. S.	ANS HOVEL	Y YEAR 19 (RM, ETC.)	211 LOCATION STREET that in (Y) (P) apinian d GREE ATTENDING PHYSICIAN	YES NO CITY OR ICE CITY OR ICE TO MEDICAL STA DIRECTOR PHYSIC H; IN Memori:	IN CERTIFY YES RY IN ITEM 18 PA WN Date and hour FF IAN H6.	COUNTY 9 8 2 and from the 22c. DATE	of DEATH? NO STATE that (I) (we) causes stated SIGNED
OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d. INJURY OCCURR! WHILE NOTIFY MEDIC. 22d. I certify the 11 (saw the decease obove, (1) (we) (di 22b. SIGNATURE 22d. PH/ SICIAN'S NA	Trope of Death ALEXAMINER) ED 210. PLACE (AT HOME. S. Company 210. PL	OF INJURY OF INJURY TREET, FACTORY, OFFICE, FA he deceosed from y ofter death.	Y YEAR 19 RM. EIC) DE	211 LOCATION STREET 210 19 82 that in (rey) (Or) apinion d GREE ATTENDING PHYSICIAN 220 ADDRESS	YES NO CITY OR ICE CITY OR ICE CITY OR ICE CITY OR ICE MEDICAL STA DIRECTOR PHYSIC H; IN Memori. Phuy Ba 123d. LOCATION	IN CERTIFY YES RY IN ITEM 18. P) Onte and haur FF IAN H H H H H H H H H H H H H	COUNTY 9 8 2 and from the 22c. DATE 4/10/	of DEATH? NO D state that (I) (we) couses stated SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

24 FUNERAL DIRECTOR

A. Alan Seitz Funeral Home 3818 Roland Ave.

25a DATE REC'D. BY REGISTRAR TO REGISTRA

offi ,ck mat still mist of an A section - being rest THE REST BEST OF THE PARTY OF T Theory of the little of the state of the sta rolling by Mary C. I Security to Proceed and Bartheon , Harving A Lim Selby Comercia and City Company Colors and Colors

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIR (Francis)DDLE DECEASED NAME 20 DATE OF DEATH MONTH TYPE OF PRINTE Hartis April 7, 1982 Frances Adeliza 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White June 25 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. A 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HOUSE WIFE Own Home (Apt. 159) INSIDE CITY LIMITS? 13e STREET ADDRES 6638 Co. 14 FATHER'S NAME MIDDLE Julia Hill 17. INFORMANT (Husband) U.S. ARMED FORCES? **ADDRESS** Same as Mr. Lee Roy Hartis No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY: MMEDIATE CAUSE (0) PULM. EMBOLUS Conditions, if only, which gave rise to immediate couse (o), stoting GD. BLEEDING underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. #LYES, WERE FINDINGS USED 20g AUTOPSY IN CERNEYING CAUSES OF DEATH? NOF NO I

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN COUNTY STATE STREET WHILE NOT WHILE

220 I certify that (I) (this hospital) attended the deceased from 19 82 sow the deceased alive on Tobaye. (1) (we) (did) (did not) view the body after death and that in my (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem. 10'Apr.82

Brooklyn, A.A., MD

Singleton Funeral Home

MD.

Gien Burnie, 250 DATE REC'D. BY REGISTRAR 256 REGISTR

DHMH - 16 50M 1/81 (VRA 15, 4)

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MEDICAL

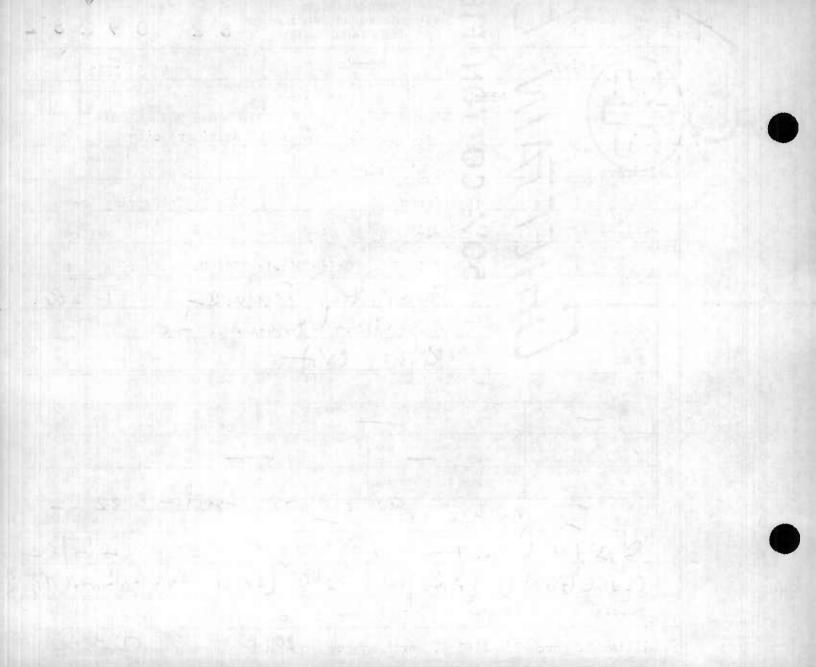
230 BURIAL CREMATION (SPECIFY)

Burial

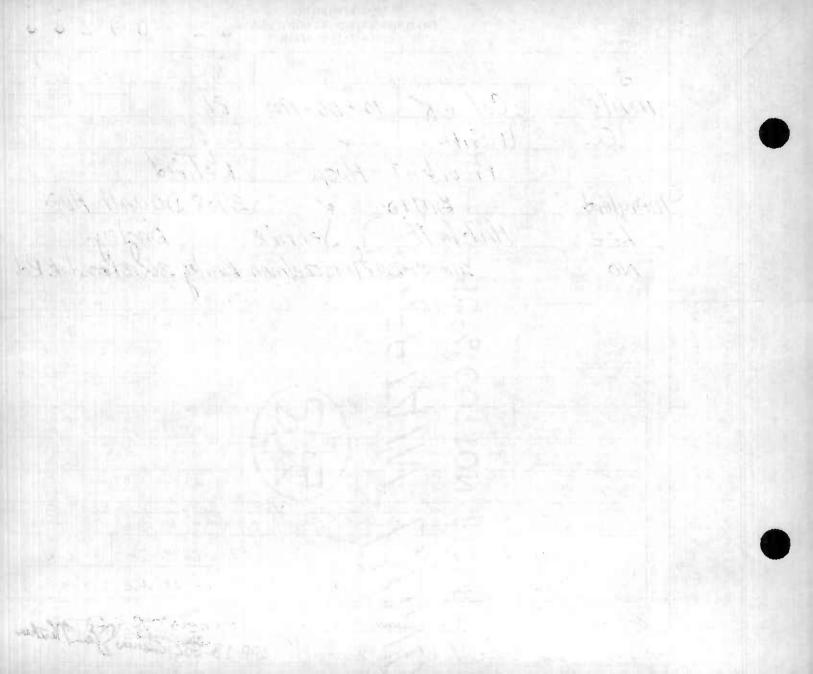
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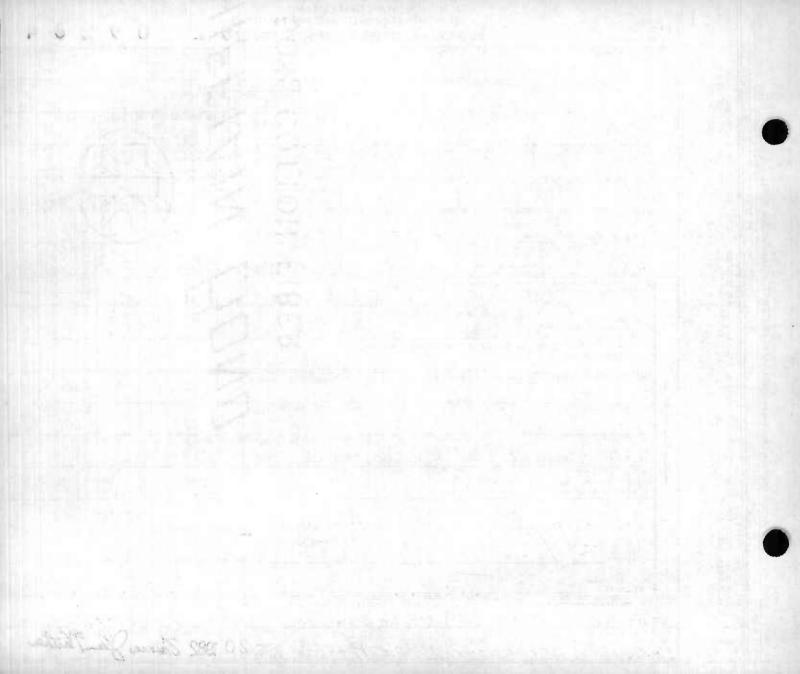
1	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 C	928
C 40		CEASED NAME FIRST Daisy	WIDDLE	Harvin	2ª DATE OF DEATH MONTH	DAY YEAR 26 HOUR 1982
	3 SE	x female	black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER I YEAR IF UNDER 24 HOURS M
19	?	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	7 - 1 - 1 - 1	
00	Ba	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET 2628 W. Co.	ldspring Lane	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	17b. KIND OF BUSINESS INDUSTRY
filled in hould be	USU 130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JUST 134 CITY OR TOV Baltimo:		13e STREET ADDRESS 2628 W. Coldsy	oring Lane
ompletely ond 2 sl	5	ATHER'S NAME FIRST Cannady	MIDDLE LAST Felder	15. MOTHER'S MAIDEN N	WIDDIE	Walley
on and co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] [IF YES, G NO	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 248-66-1		ADDRESS 31e 2628 W. Colds	oring Lane APPROXIMATE INTERVA BETWEEN ONSET AND DE
been signed by the or rmit. Then pleose remov prior to buriol, cremoti	CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSCUL (c) CONDITIONS CONTRIBUTING TO	gw CV+	MINAL DISEASE OR CONDITION GIVEN AUTOPSY? 200. IF YE	VEN IN PART TO
prior or or first late. TOR: After this certificate has for use as the buriol-transit per af Health and Mental Hygene 21 is marked or item 18 shows.	MEDICAL CERTIFI	saw the deceased alive o	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)	AY YEAR 19 211 LOCATION STREET		PART I OR PART 2] COUNTY STAT
TO FUNEAL DIRECTION OF THE PARTY OF T	230	22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OLUSE GU BURIAL, CREMATION, REMOVA (SPECIBURIAL)	OR PRINT) OR PRINT)	DEGREE ATTENDING PHYSICIAN 276. ADDRESS NAME OF CEMETERY OR CREMATORY King Memorial Park		22C DAYESIGNED 4/5/8 Swithmore M COUNTY MATAI
MH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	ch F/H 1101 £PDRES N	25n D4	ATE REC'D. BY REGISTRAR PREGIS	

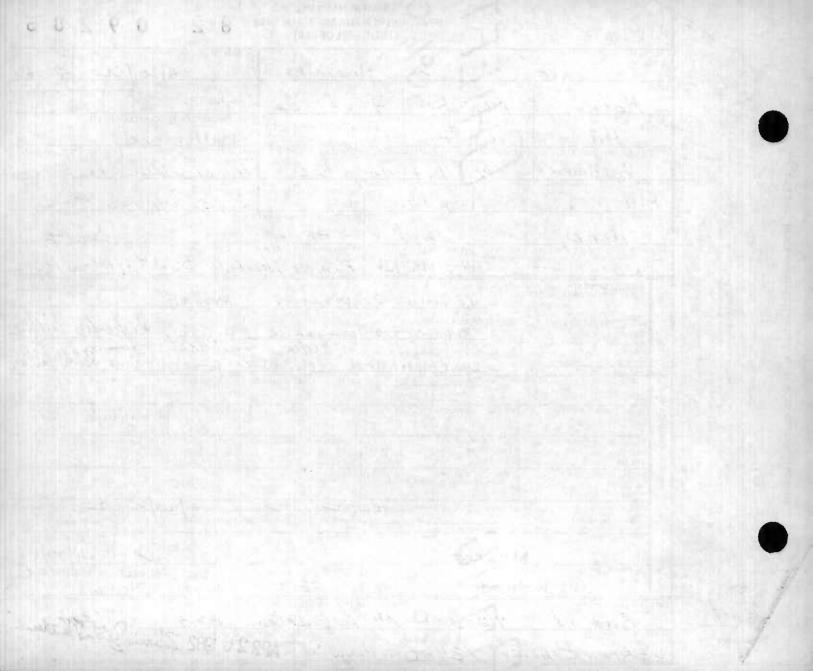


	-	71			E OF MARYLAND			
V	1	1	FOR STATE		TEALTH AND MENTAL HYGI	ENE 8 2	0 9 2	283
Y	/		REGISTRAR	CERTIF	FICATE OF DEATH	REG NO).	
,	-		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
1	1/3×1/1		damas	R. HOTO	hett	April 5	82	1203 M
Ē.	1777	3 SI	x + 4	RACE , S DATE C	OF BIRTH	AGE (IN YEARS LAST BIRTH		
8	2	1	male	BLACK 10	- 25 - 1900	81	YRS MONTHS D	AYS HOURS MIN
1	10 Pm		IRTHPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OF		H
	1 5	1	W.	U.SIH. WIDOW		Beltimo	ie City	MD.
ž	11 20	10 (ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME ((IF NOTAN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAT OCCUPATIO	N 126 KIN	ND OF BUSINESS OR
0 40	1 57	B	aftimaie aty	Provident i	HOSD "		o/	INT
2 2	54 A	USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y	13d INSIDE CITY LIMITS?	NA STREET ANDRESS	11	1.
NA A	11 10	17	Aryland	BALTO	YES NO	3908 D	UVALL	HUR
RYE	etely 12:1	14.7	ATHERS NAME	post 11- Thut	15. MOTHER'S MAIDEN NAM	E MIDOLE	01	1457
WA Ped	and Soot	1	Lee	HARME!	Jennie		DAGLEY	
ORE,	Poges 1		WAS DECEASED EVER IN U.S. ARM (YES, NO OBJUNKNOWN) (IF YES, GIVE V		17. INFORMANT	ADDRES	55 0 8	1/01
IIWo	Po a		NO	218-07-8248	Mrs. Zelman	BAIKE 3	3623 Kas	edak Kol
BALI	popers popers navol.		18 CAUSE OF DEATH Enter only	one couse per line for (o), (b), and (c)		- 1	867 VI	EZHAATE HITERYAL EZHI GRISET AND DEATH
ST.,	4 6 6 5		PART I. DEATH WAS CAUSED IMMEDIATE		cular tecl	dent	4	hours
	or re		4360	DUE TO, OR AS A CONSEQUENCE OF				
PRESTON	nove ofion froum		Conditions, if any, which	(b)				
W. PR	a E		gove rise to immediate couse ia, stating the	DUE TO, OR AS A CONSEQUENCE OF			100	
201 W	leose iol, cre		underlying cause last	(c1				
	gne bur rv,	1,	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN PAR	T Ita
ORD	E F F E	1 2						
No.	permit.	ICA I	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	JOINGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The low requir		CERTIFICATION		THE OF BUILDY	The Many Muley assured	YES NO	YES 🗌	NO 🗌
IAN. Phys	certificate irial-transif ental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART	2)
O N		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
PHY rendi	5 7	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
DIV	os the lith and narked	1	AI WORK			44.4		
END o lo	or use of Heo		220 I certify that (I) this hospita		nd that in (my) (aur) apinion do	_, to	19	_, that (1) (we) last
A A TITA S	0 =		saw the deceased alive an above (Tilwe) (and) (did not)	view the bady after death.	DEGREE	com occurred an the do		ATE SIGNED
L OR	DIRE poched Dept If Item		Del.	est R. Kent Mp	ATTENDING	MEDICAL STAF	F _ //	L(-/2
TAIL PY 1	FUNERAL old be deter the State ORTANT:	-	72d. PHYSICIAN'S NAME (TYPE ORE		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICI	IAN T	15/02
losp	The of		Robe	4	2600 Cibe	t- 40 -11	LA ALLA R. M.	4.71715
To H	shoul with IMPO	12					3110x 160	001017
520 no		230.	BURIAL, CREMATION, REMOVAL	W 18 B2 A.	EMETERY OR CREMATORY	23d. LOCATION	O COUNTY	STATE
SSX BP		24.1	UNERAL DIRECTOR	7-10-12 DAINIE	ZET LAM	REC'D. BY REGISTRAR 2	SHEGISTRA'S	NATURE
	6 50M 1/76 . 15 (4))		DISPON L. PLACE	DOZZ W. WIRTH	Que KD	P 13 1982	Carries of	Mary and American
		1	While Pickers	WEAL WILLIAM !	AL AUST	IN TO MADE		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-HATCHETT Kenneth 19 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YEAR PRONOUNCED male black DEAD 31 -57 19 82 170:58 JE BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 2, AND 3 TO THE FUNER 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITH MARRIED NEVER MARRIED FOREIGN COUNT WIDOWED Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Howard & North Avenue 18. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN PA NT. PAGES 1 AND 2 SHOULD BE IN DIVISION OF WITAL RECORDS. 1040 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. Multiple gun shot wounds Weapon: Unspecified DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE I PRIOR TO BURIAL, YES X NO [BE ICATE, WRITING ... FORWARDED TO THE C 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR MONIH MEDICAL subject shot CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI Cab of truck Howard Street, Baltimore, MD NOT WHILE 220 I certify that I took charge of the remains described above, held on ond in my apinian Autopsy Inspection death resulted fram: Homicide WV Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Penn Street Balto MD 21201 Hormez R Guard M D (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Surla 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTR **DHMH-17** Scruggss (VR A15 ME (5) 15M 2/80





STATE OF MARYLAND
TMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 2 8 6
CERTIFICATE OF DEATH

	1 - STA				DEPARTN		ICATE OF D		0 .	REG. NO.	0 9	2 0	, 0
	1. DECEASI	ED NAME	FIRST		MIDDLE		LAST .		N. DATE OF DE		100 /0	AT 2h F	OUR
		M	ARJOR	EE H		HEAI	DLEY	MIN .		4/	26/8	2/4	1.05AM
	3. SEX		4	RACE		5. DATE (6 AGE IN YEAR	S LAST BIRTHD	# ONDER!		HDER24195
y		MALE		WHI	ľE	10	O1	11		70 y	RS.	PT-2 2450	M. M.
Ī,	A BIRTHPI	LACE (STATE OF F	OREIGN 71	CITIZEN OF V	WHAT COUNTRY?	8	D X NEVER M	ADDIED [9 BALTIMORE	CITY OR COU	INTY OF DEA	TH .	250
5		RYLAND		U.S.	.A.	WIDOWE		ORCED	BALT	IMORE C	TTY		MD.
d	10. CITY OF	TOWN OF DEA	TH 1	I. NAME OF H	OSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OC	CUPATION	12b. KI		SINESS OR
1	BAI	LTIMORE			ION MEMOR		HOSPTTAI	r	FURNITU	RE ADJI		T ST	ORE
,	USUAL RES	IDENCE (IF NURSI	NG HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				mr		<u> </u>	OKL
5		YLAND		TIMORE	CATONSV		13d. INSIDE CI	NO 🔀	13e STREET ADI	REY AV		21228	
	14 FATHER						15 MOTHER'S	MAIDEN NAM		ACCOUNT TAY	mion, 2	1220	
-)	ADDISON		P .	SMOOT		MA	R Y	VIRGI	NTA	т	ISNEY	7
		ECEASED EVER I	N U.S. ARM	ED FORCES?	16b SOCIAL SECUI	RITY NO.	17. INFORMAL		VIII	ADDRESS	1	LONLI	
2.	NO TARE NO	OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	216-32-3	3673	ROBERT	K. HEA	DLEY	25 DELI	REY AVE	NUE	
	18 C	ADT I DEATH W.	AC CALICED	DV	line for (a), (b), and		,				BET	PPROXIMATE I	INTERVAL AND DEATH
		ARTI. DEATH W	IMMEDIATE	CAUSE (a)	ARDIO P	LLW	conver	Asc	42637				
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П		ditions, if ony,		(b)	TUVANCO	0 6	VARIA	VA	VIBIX			1 me	ntho
	COU	re rise to imm se (o), stating	g the	SHETO'UN	AS A CONSTON	HEE OF	ANDO	MET	2100				
		erlying cause	lost	-					ARCI	-	4-3	200	
	PART	2. OTHER SIGN	FICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE O	RCONDITION	GIVEN IN PAI	RT 110 in	1
	OI TO D	ATE OF OPERAT	ION	119h CONDIT	ION FOR WHICH	DEPATIO	L LVI	OTO TOY	200 AUTOPS	65/11	FYES, WERE FI	5//	1
2	CERTIFICATION 13 To 10 T	No	RAS	Z LSW Z	7	15	7450	DA	200 AUTOPS		RTIFYING CA	USES OF D	EATH?
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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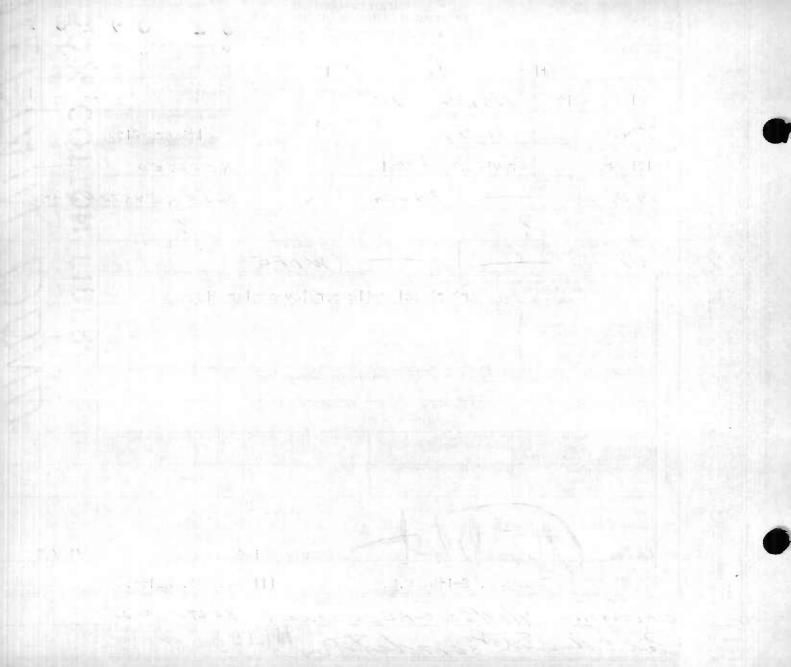
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME FIRST KNOWN 🔯 (TYPE OR PRINT) ESTI-DEATH MATED Charles Held 16 1982 PRESTON STREET 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 1:45 a M IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Male White 3 DEAD 16 1982 Th. CITIZEN OF WHAT COUNTRY? Za BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [Baltimore City DIVORCED 2. AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Provident Hospital RETIRED USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 3638 KEYSTONEAUE NO [18. GIVE PAGES 1, 2, A WITH FORM PM 3. F MIT. PAGES 1 AND 2 SHIE, DIVISION OF WITH RE. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, 2 FORM PM 3 LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YFS, NO. OR UNKNOWN) NI ALONG WI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: CREMATION, OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. **DIVISION OF VITAL RECORDS, 201** PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [a]. ED AS A E CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE
AFTER DEATH, MAINT THE STATE DEPARTMENT OF HE
AFTER DEATH, MARYLAND, 21201 PRIOR, TO BURIAL, YES NO [X] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE al the remains desched above, held on 22a I certify that I mak the Autapsy Inspection and in my apinian death resulted fram Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 4/16/82 MD Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE CREMATION EENMOON REGISTRAR SIGNATURE **DHMH-17** VR A 15 ME (5) 15M 2/80



	1	1-	FOR STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	0 4	0	9 2	90	
oge 3 death		(TYPE	CEASED NAME FIRST A	Alma	FINK		AST HELLER	REG. N	MONTH DAY	YEAR 82	26 HOUR	
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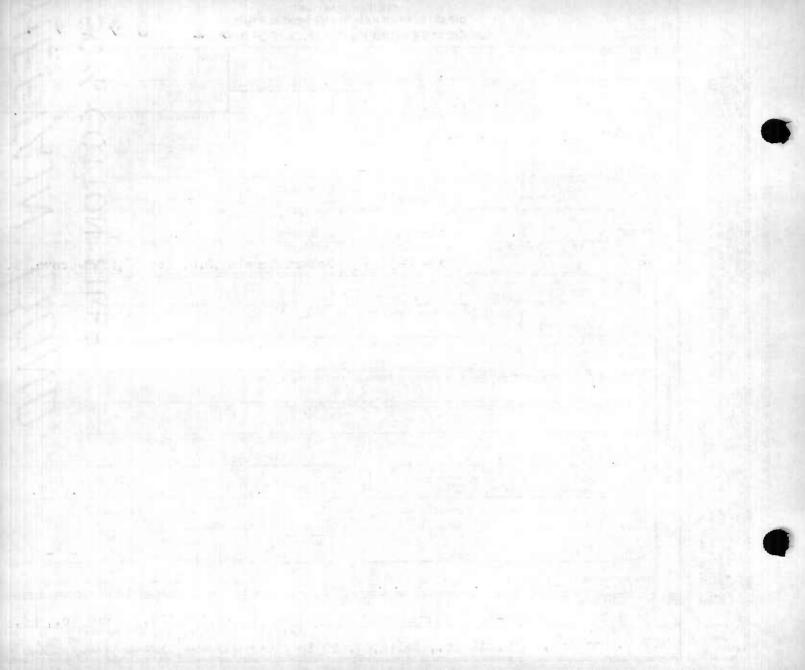
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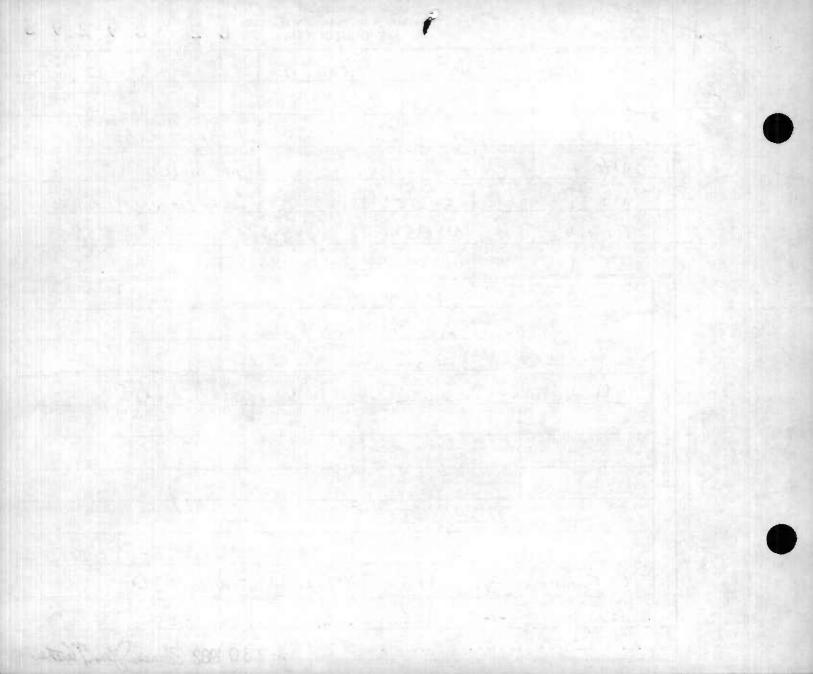
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE AGGES 1, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM RE3 SHOULD BE USED AS A BURBLAT. TRANSIT PERMIT PAGES 1 AND EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	_	PART 2 DTHER SIG	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	D TO THE TERMINAL O	SEASE DR CONDITION GIVEN IN I	PART 1 (a).						
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MD. 21228

DHMH - 16 50M 1/B1 (VRA 15, 4)

OF CATONSVILLE

1630 Edmondson Avenue

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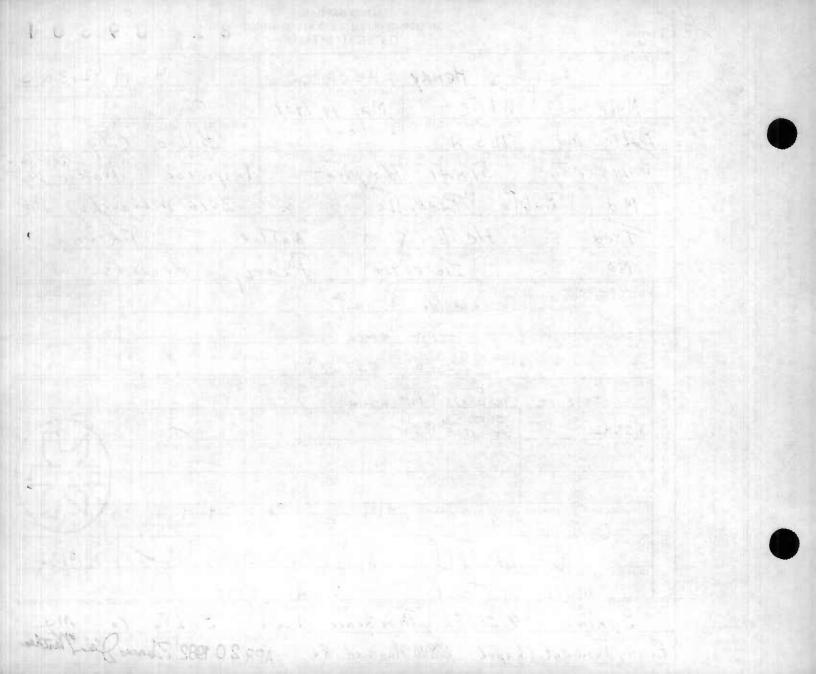
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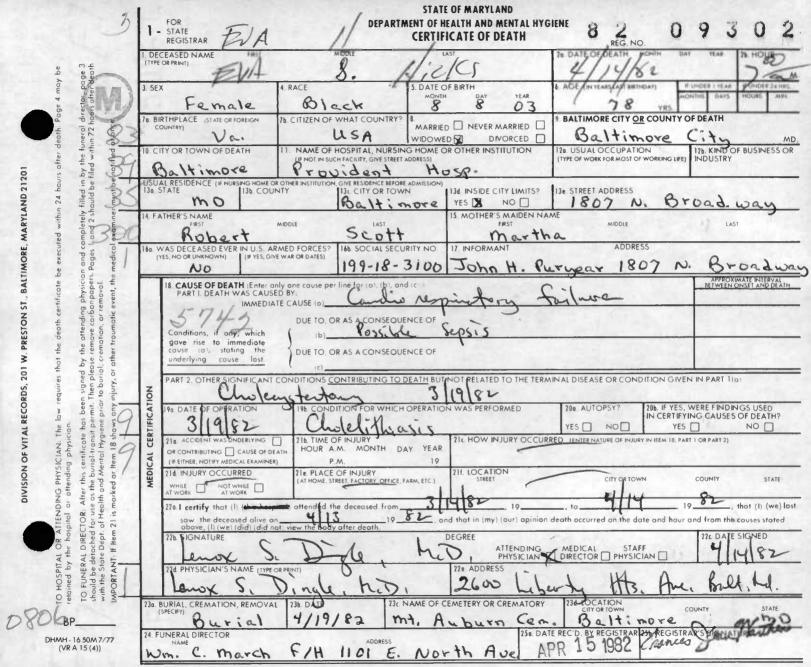
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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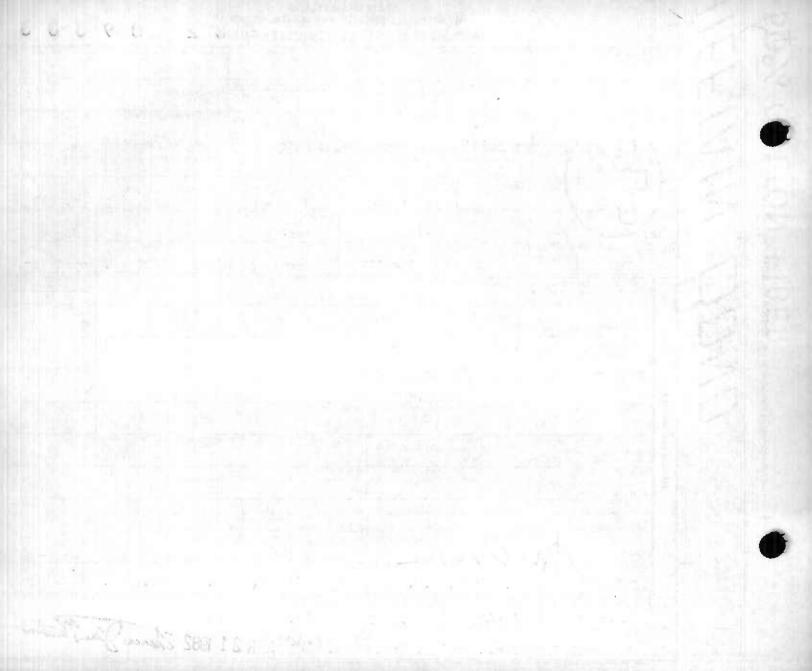
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH 26. HOUR (TYPE OR PRINTS PAUL. (NMN) HTLBOURN 82 13 5. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS Mata MONTH Caucasian 1922 Oct. (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Carolina USA North BALTIMORE CITY WIDOWED DIVORCED X CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Truck Driver Construction 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2115 E. Pratt St. 21231 YES NO # FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE John Hilbourn Lethia Hilbourn Maiden Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR OATES) 238-20-5621 Yes Mrs. Mary Collins Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RESPINATORY ARMEST AIRWAY OBSTRUCTION Conditions, if ony, which gove rise to immediate cause (o), stating ADENOCANCINOMA OF THE LUNG underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 201-H YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN STATE NOT WHILE 220.1 certify that \$4 (this haspital) attended the deceased from MARCH saw the deceased alive on APRIL 13 , and that in (Xy) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive on Al-226 SIGNATUR 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) the the 3900 LOCH RAVEN BLVD. BALTO. MD 21218 FO F 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Bridgewater, Rockingham, Va Sangerville Cem. 24 FUNERAL DIRECTOR Mac Na bb Funeral Home Balt. Md 250. DATE REC'D. BY REGISTRAR 256. DHMH - 16 50M 1/81 (VRA 15.4) McMullen Funeral Home Bridgewater, Va.

FOR STATE

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	WEDICAL CERTIFICATION REDICAL CERTIFICATION	DECEASED NAME (TYPE OR PRINT) SEX B BIRTHPLACE (STATE OR FOREIGN COUNTRY) 0 CITY ORTOWN OF DEATH 13b COUNTRY) 15 COUNTRY) 15 COUNTRY) 16 COUNTRY) 17 COUNTRY) 18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUS IMMEDIA 18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 19a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIST. 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 27a. I certify that (I) (this has saw the deceased dise or place). 27d. PHYSICIAN'S NAME (TYPE) 27d. PHYSICIAN'S NAME (TYPE)	DECEASED NAME (TYPE OR PRINT) DECEASED NAME (TYPE OR PRINT) A RACE WHAT COUNTRY) A RACE WHAT COUNTRY) A RACE WHAT COUNTRY A RACE W	DECEASED NAME (179E OR PRINT) SEX Male 4. RACE 4. RACE 5. DATE OF BIRTH NONTH DA AMARRIED AMARRIED AMARRIED DECEMBER AMARRIED OA BIRTHPLACE (STATE OR FOREIGN COUNTRY) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JOURNAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JOURNAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JOURNAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JOURNAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JOURNAL RESIDENCE INDUITE NODIE 135. COUNTY Baltimore 15 MOTH PAST 1. DEATH (Enter only one couse per line for (a), (b), ond (c1) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DEATH (BYES, GUYE, WAS OR DATES) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PETAL 197. AND THE MILE 198. THE HOME OF INJURY HOW AM. MONTH DAY YEAR P.M. 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PETAL 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PETAL 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PETAL 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PETAL 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PETAL 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION 199. CONDITION FOR W	SEX Male RACE STATE OF BIRTH SAME S	DECEASED NAME (PRECEDENCE (STATE ORIGINAL) RESIDENCE (ST	DECEASED NAME (1995 CHAME) SEX Male I. RACE I. CHIZEN OF WHAT COUNTRY AMARIED J. EVER MARRIED J. MARRIED J

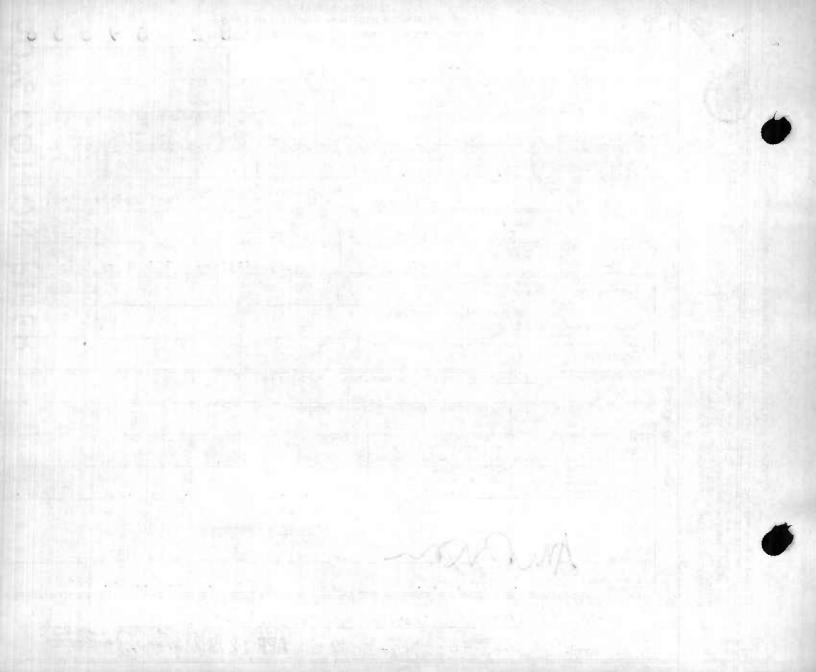
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

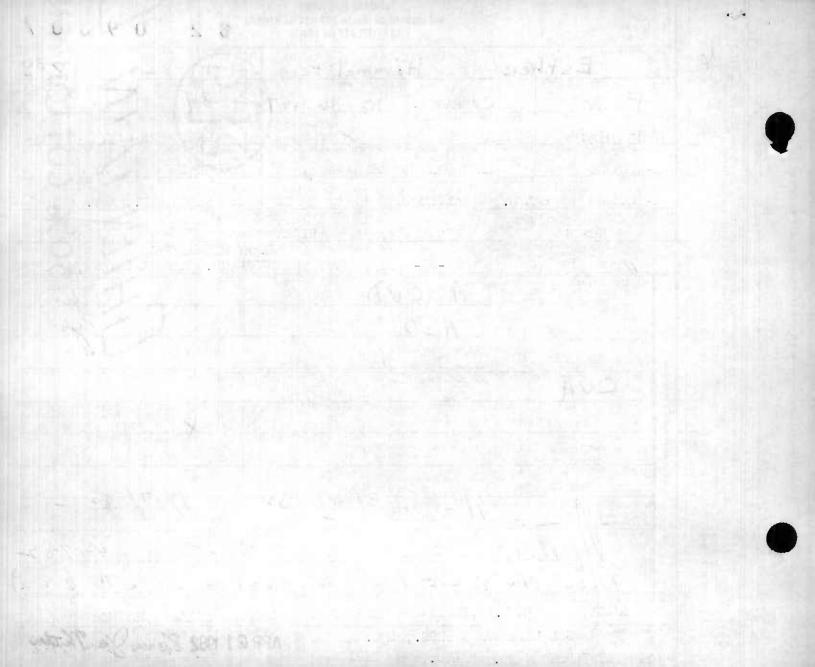
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REGISTRAR I. DECEASED NAME 2a. DATE KNOWN TYPE OR PRINT ESTI-HARRY HILLIARD DEATH MATED LEE 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 4 HOUR 2c. DATE YEAR LAST SIRTHDAY PRONOUNCED DEAD 19 82 36 YRS 15 46 Black Male 7b. CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY South Carolina U.S.A. WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Agnes Hosp. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 3930 Park Heights Ave. 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore YES X MD NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST FIRST Hilliard C. Green Dorothy ED AS A BURIAL - TRANSIT PERMIT FORM
HEALTH AND MENTAL HYGENE, DIVISION OF THE CALL HEALTH AND MENTAL HYGENE, DIVISION OF THE CALL H 17. INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Dorothy Hilliard 3930 Park Heights Ave No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshot wound of chest (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ARDED THE WELL CHIEF ME ARDED TO THE CHIEF ME AGE 3 SHOULD BE USED AT ATE DEPARTMENT OF HEA 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES X NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X M. MONTH DAY YEAR K OR UNDERLYING Subject was shot. CONTRIBUTING CAUSE OF DEATH 10:05M. 4-5-19 82 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE WHILE NOT WHILE street 100 blk. N. Kossuth St. Balto. Md. Autopsy X 220. I certify that I took charge of the remains described above, held an Homicide X Undetermined manner death resulted from Natural causes TITLE (SPECIFY) DATE 4-6-82 Assistant MEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE 4/12/82 Eastview Memorial Pk. Balto. MD Burial 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR DHMH - T7 Wm. C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5))

15M 2/80



6010 REISTERSTOWN RD. BALTO., MD 21215



24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., Md. 21212

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Johnstown

25a. DATE REC'D. BY REGISTRAR 25b RE

126 KIND OF BUSINESS OR

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Johnstown.

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ge 4 mo	3. SE	Female	4 RACE White	5. DATE	OF BIRTH H DAY YEAR 9 /3	6 AGE (IN YEARS LAST BIRTH	MONTHS BAY	
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TAL OR, y the how the how the how the DIRE detoched to Dept to the		22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	11 11	482
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DHMH - 16 50M 1/81 (VRA 15, 4)		S.Zeiler & Son	Inc. 6224	0	250. DA	TE REC'D. BY REGISTRAR	Signa Signa	Marthe

STATE OF MARYLAND

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...iler Ton Inc. 1824 Fosten wegge

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

Items 10b & c G567 5/6/02 dad

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Ne por	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYGICATE OF DEATH		0 9	3 1 2
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	3 SEX		ACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT		PERTYEAR PHINDENAMES
Poge 4 m		Female U	Female	S. DATE C	6 DAY 1 KEAR	66	YRS	DAYS HOURS MIN
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certification physician. Start this certificate has been signed by the attending plass the burial-transit permit. Then please remove carband in and Mental Hygiene prior to burial, cremation, or removed at tem 18 shows any injury, or other traumatic even	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO		RE FINDINGS USED CAUSES OF DEATH? NO
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HOSPITAL ined by the FUNERAL old be detended on the Store ORTANT.		22d. PHYSICIAN'S NAME (TYPE OR PRI	NT)		22e ADDRESS	DIRECTOR PHYSIC	IAN	1-26-00
O HOSPITA etained by TO FUNER, should be d with the Sta		CARLTAN C	GREENE	5	1501 Den	Rings	RO. B	6 150 mi) 21236
TO Horizon	23a. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	/ 1 / / /	7
/5// BP	(5	Burial			wood Cem.	greens	boro	N.C.
DHMH - 16 60M 1/75	24 FU	NERAL DIRECTOR	ADDRESS		25a. DATE	REC'D. BY REGISTRAR	_ /	SIGNATURE
(VR A 15 (4))	Wr	n. C. March F/		North	Ave. AF	R 28 1982	Timeso	can/ kerthen

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3	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLA EALTH AND I ICATE OF D	MENTAL HYG	IENE 8	2 REG. NO.	0	9 3	13
Ser.		CEASED NAME	FIRST	/	MIDDLE		AST .		2a. DATE OF	DEATH MC	INTH DA	Y YEAR	26 HOUR
57		M	ARVI		E		LOWAY				14/20		1:30 M
	1 SE	Male		RACE Bla	ck	5. DATE (4'9	6. AGE (IN YE	ARS LAST BIRTHD		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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35	13a S	AL RESIDENCE (IF NURS STATE MD	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE C	ITY LIMITS?	130. STREETO	DDRESS A	isqu	ith &	st.
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		BURIAL, CREMATION,	REMOVAL	23b. DATE 4/24/			more (Cem.	23d. LOCA Ba	altimo		COUNTY	MĎ

DHMH-16 30M 2/80 (VRA 15, 4)

Wm. C. 1101 E. North Ave. March F/H

BAPE 22 1882 37 mg Yesten

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 75 HOUR 2a. DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-4-26-82. DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 4-26-82 male white 8/7-1910 DEAD JE BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City Va WIDOWED DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 10. CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION Crane Operator Behh Steel Baltimore City Hospital SHOULD BE Baltimore 13e. STREET ADDRESS 13a. STATE 135 COUNTY 13r CITY OR TOWN 13d INSIDECITY CHAITS? Plumer Ave. 5900 Md Baltimore YES TO NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST Holmes Sarah Justus John ADDRESS 200 Wright Ave IAL SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION 234-28-6769 Jacqueline Heisterman (dghtr) Peacetime ALONG W CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES NO 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f LOCATION c EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inquery XX 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes XX Undetermined manner TITLE (SPECIFY) ACTUAL 4-26-82 DATE Assistant EXAMINER'S NAME 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial Balto. Gardens of Faith "Schimunek Funeral Home, Inc. DHMH-17 3331 Brehms Lane, Balto. Md. (VR A15 ME (5)) 15M 2/80

: 1988 38 1989 :

P	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	9313
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s ofter of the state of the sta	6	Baltimare	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH FACILITY. GIVE STREET ADDRESS! Sau the Battimare home of the Market Ma	12b. KIND OF BUSINESS OR INDUSTRY 17 14 14 15 CAF
in 24 hou filled in hould be	730	MA BOL	OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 137. STREET ADDRESS 137. COOKs	re st
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be execu on and c	160 \	VAS DECEĂSED EVER IN Ø.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	Corksie ST.
rficate physici poper naval.		PART 1. DEATH WAS CAUS	only one couse per line for (a), (b), and (c). ED BY: ATE CAUSE (a) Cardial AVCES	BETWEEN ONSET AND DEATH 25 min.
that the death c d by the attendir ease remove cort ial, cremotion, or		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) Cardrae archythmias DUE TO, OR AS A CONSEQUENCE OF	
equires in signed. Then ple	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
in he low r	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, 1	WERE FINDINGS USED NG CAUSES OF DEATH? NO
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SPITAL OR A J by the hosy week a be detoched be detoched e Stote Dept.		27h SIGNATURE	DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	276. DATE SIGNED 4-3-82
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the Store		324 PHYSICIAN'S NAME (TYPE	inston South Baltimore her.	Horp.
7 5 L 2 2 Z		BURIAL, CREMATION, REMOVA		
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STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

				STAT	E OF MARYLAND			- 13	
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	'	REGISTRAR		CERTII	FICATE OF DEATH	DEC N	10		
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	3. SE2		4 RACE	5. DATE	SPRIATE	6 AGE (IN YEARS LAST BE		0 - 0	UNDER 24 HRS
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ш	-	1916	Caucasia		3 11	65	YRS		
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0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b.		SINESSOR
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1	14.17		MIDDLE	LAST	MOTHER'S MAIDEN N		Cochran	LAST	
6		is because on our of all art art and	agner Hors	mah	XXXXXXXXXX	Eliza	. XX	DODOOX	X
-	les I	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	18-20	
of	U	XXXXXXXXXXXX	122	V12-245	Mrs. Alice	Horsman, Bel	Air, Md.	- 0	
		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a	(b), and (c)				APPROXIMATE	INTERVAL
		PART I. DEATH WAS CAUSE	D BY:	ardiac	aprest -		-	ETWEEN ONSE	I AND DEATH
		IMMEDIA!	TE CAUSE (o)						
		4000	DUE TO, OR AS A CO	NSEQUENCE OF	orid kemon	MOE VASA	16064		
		Conditions, if any, which gove rise to immediate	(p)	sers of fue	21-0 101 -011	1941 -1010	2011-1		
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		underlying couse last	((c) Re	uprose C	erebral Ane	engons			
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	CERTIFICATION	ari	Terial hy	partonsur	n				
-	AT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS	USED
1	LEK					YES NOT	IN CERTIFYING C		DEATH?
	ER	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			<u> О</u>
4		OR CONTRIBUTING CAUSE OF DEA				THE TENTER IN THE OF 1430	KI IN ILM TO PAKE TOK	MR (2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	100 100 100 1				
	ME		21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO)wn coi	YTAU	STATE
		WHILE NOT WHILE AT WORK		_	Mul D	1/2	CV	>	
		22a.l certify that (1) (this hospit	tal) attended the deceased		19 12		19	, that	(I) (we) last
		saw the deceased alive an above, (1) (we) (did) (did na		19_62.0	that in (my) (aur) apinion	n death accurred on the d	ate and hour and fr	om the caus	es stated
		22b. SIGNATURE	To view inter by dy differ death		DEGREE		22	C. DAJE/SIGI	NED
		61,	Show		ATTENDING	MEDICAL STA	FF	4/25	112
		22d. PHYSICIAN'S NAME (JYPE O	DR PRINT)		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	IANCI	1/ 3	/
		RASTON	0-		Chill of	MARUIA.	1) haston	ine	
· ·		Culot			1 Outer of	11.00	2 1100 /1		
	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	LITY OR TOWN	COUNT		STATE
1			gril 28,1982	BelAir M	Memorial Gard	ens, Bel Air	r Harford	d Md.) areas
		INERAL DIRECTOR			250. DA	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S	IGNATURE	
	Hov	ward K. McComas	III, Abingd	on, Md.	Al	PR 27 1982	Proces Oc	a The	Then

O TOUR OF LAND REPORT OF THE PARTY OF THE PA should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Depty of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other traumatic

IMPORTANT: If Item 21 is marked or Item 18 shows

1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	0 9	3	į	7
	CEASED NAME FIRST BABY	BOY		OVLAND	20 DATE OF DEATH	3 - 15¢	YEAR -82	2b. HOUR	M
1 SE	male	cauc.	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIR		DAYS	IF UNDER 2.	4 HRS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Md •	76 CITIZEN OF WHAT COUNTRY USA	MARRIE		9 BALTIMORE CITY O Baltimor	e city			MD.
	Balto.	11. NAME OF HOSPITAL, NURS I IF NOT IN SUCH FACILITY, GIVE STRE St. Agnes Hos	pital	dr other institution	(TYPE OF WORK FOR MOST O		, KIND O DUSTRY	F BUSINES	SOR
12a	MD Hov	OR OTHER INSTITUTION GIVE RESIDENCE BEFO INTY 136. CITY OR TO Ward		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 312 Wood	Shadows	Ct.		
	ATHER'S NAME FIRST Eric	MIDDLE LAST HOV1a		15. MOTHER'S MAIDEN NA FIRST Unknown	WIGIGLE		LAS	ī	
(NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)	RMED FORCES? IVE WAR OR DATES) None		Eric Hovland	ADDRE		-		
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	Conditions, if any, which gove rise to immediate	DUE TO, OR AS) SONSEO	UENGE OF	URITY					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ			153181				
NOL	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>D DEATH</u> BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART 116	1	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WER IN CERTIFYING YES			
-	21a. ACCIDENT WAS UNGERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)				
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN CO	PINUC	STA	ATE
	220.1 certify that (I) (this hasp	oital) attended the deceased fram		, 19, 19				that (I) (w	

abave, (1) (we) (did) (did not) view the bady after death

DEGREE ATTENDING PHYSICIAN 22e. ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

220 DATE SIGNED

Michael E. Pelczar, M.D.

22d PHYSICIAN'S NAME (TYPE OF PRINT)

900 S. Caton Avenue

BURIAL 4/27/82 NEW CATHEDRAL BALTIMORE, MD.

236. DATE RECIPY OF CREMATORY COUNTY OF TOWN CITY OF TOWN
WITZKE F"L HOME 1630 EDMONDSON AVE. BALTO. ADR. 2 92782

DHMH - 16 50M 1/81 (VRA 15, 4)

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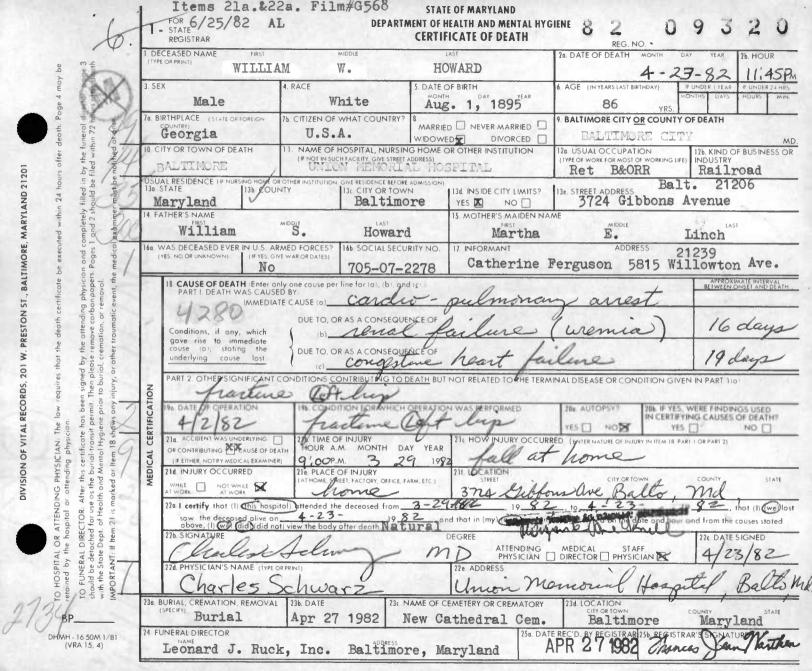
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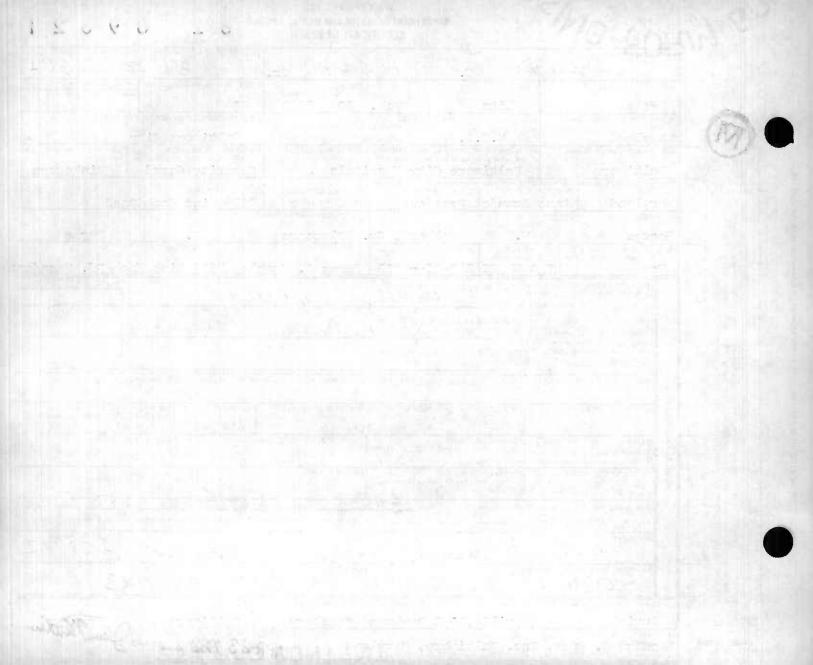
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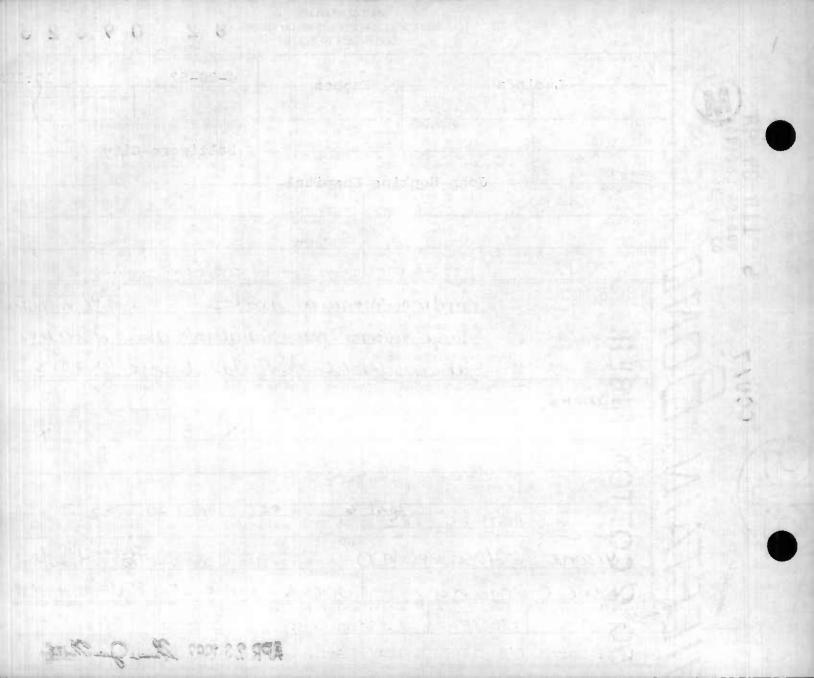
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	113	1			STATE OF MARYLAND				
	0	1.	FOR A	DEPART	MENT OF HEALTH AND MENTAL HYG	GIENE 8 2	0	9 3	22
1			REGISTRAR		CERTIFICATE OF DEATH	REG	6. NO.		S740
			CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH	H MONTH DAY	YEAR 26	HOUR ,
her 3			Anne	2 M. HEL	egel	4/1	3/82		15-12 M
mO)	1	3. SE		RACE	5. DATE OF BIRTH	6. AGE LIN YEARS LAS			UNDER 24 HRS
3e 4	(1		temale 1	WHITE	MONTH 14 93	88	YRS	VIHS DATS H	OURS MIN.
2	1	7a BI	RTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CIT	1110	DEATH	
eoth	61	_ ^	EW JERSEY	U.S.A.	MARRIED NEVER MARRIED	Ral	timnre	, (Vi+	-/1 40
5	31.	10 5			NG HOME OR OTHER INSTITUTION	17a USUAL OCCUP	PATION	126. KIND OF B	US NESS OR
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Jones Harris	1	WSU.	L RESIDENCE (IF NURSING HOME OR C	TY 130 CATY OR TOV	RE ADMISSION)		WIFC 1	VWN TH)me
24 1	25	130 3		ERICK FREDER		1826 L	A1101 115	in Do	
within letely f	e a	14 FA	THER'S NAME	PLION ILMENEY	IS MOTHER'S MAIDEN NA		AWNVIE	W DK	01 0
mplet and	51		JOSEPH.	E a St	FIRST	MCSI	0.	LAST	
+ 0 - / -	0	16a V	AS DECEASED EVER IN U.S. ARM	MED FORCES? 1166 SOCIAL SEC	URITY NO. 17. INFORMANT	AD AD	DRESS	ENFIE	<u>LD</u>
e execu	D medic			WAR OR DATES)	0	(VIV)	SAME A	1.# 12	
- o · o	he n			081-05-		EBEL	JAINE F		4 - 1014004
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ertif bon rem	ceve		1 MMEDIATE	CAUSE (o)	eginalory.	170,0	y		
endir	nati		0160	DUE TO, OR AS A CONSEQU	IENCE OF	- 1 000	1		
the deor	7007		Conditions, if any, which gove rise to immediate	(b) (er	c provosculo	1/ (1)	CAPINE		
the the	her		couse (o), stoting the	DUE TO, OR AS A CONSPOU	ENCLOF /		1		
thoi d by ease	0		underlying couse lost	((c)	Phyd Cation				
ires gne en pl	Jry, o	7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CO	ONDITION GIVEN	IN PART 110	
en sig	<u></u>	CERTIFICATION		mor ba	y which	m			
	Sam	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, W	ERE FINDINGS	USED DEATH?
iySICIAN: The thing physicion. Is certificate hos burial-tronsit per Mental Hygiene	N OX	RTIF			U	YES NO			10 🗆
hysic ficot fron Hyg	0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PART	OR PART 2)	
SICIA ng P certifical- rial- ento	E 7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
PHY endir	0	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
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Z. All ar	S S		12x I certify that (I) (this haspite		479 19	L. 10 4	19.	C, that	t (I) (we) lost
TTE Prite for af H	7		the deceased alive on above. (II (we) (did) (did not	view the body ofter death	and that in (my) (our) opinion	death occurred on the	e date and hour or	nd from the cou	ses stoted
OR A DIREC DOREC Doched Dept.	H He		Th SIGNATURE	//	DEGREE			7% DATE SIG	NED ,
- + 0		1	ms/0	ellenar	ATTENDING PHYSICIAN [TAFF	4/1	3/82
HOSPITAL ned by th FUNERAL uld be deta the State	Z		22d. PHYSICIAN'S NAME MYPE OR	PRINT)	220 ADDRESS	J DIRECTOR TITE	SICIAIV	1/	9/1
TO HOSP retoined by TO FUNE should be with the S	MPOKIAN		Mirkel	Coblomon	eau				
Sho sho	<u> </u>	73a. P	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d. LOCATION			
BP	- 2	(PECIFY)	4/16/82 /	1 . 1 1	SITY OR TOWN	. //	DUNTY	STATE
		24 FL	NERAL DIRECTOR E. BAR		TOLY CROSS (EM.	E REC'D. BY REGISTR	GTON /TUN	SON AV	The
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		FOR		DEPAI		OF MARYLAND		NE O O	0 /	ng 119	0 9
	1.	STATE REGISTRAR		DELAN		CATE OF DEA		REG. NO.	U	1 3	2 3
		CEASED NAME FIRST		MIDDLE	L	AST	2	a DATE OF DEATH	ONTH DAY	YE AR 21	b HOUR
e e e		Luc	inda.		T	hahoa		4-20-82			10:18
(BA)	3 SE	Bac	RACE		5. DATE C		YEAR 6	AGE JIN YEARS LAST BIRTHI	DAY) IF UNI		FUNDER 24 HRS
		Female	B	lack	3		34	48	YRS.	JAI'S	MIN.
A ST ST DA	7a B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MAR	RIED 9	BALTIMORE CITY OR	COUNTY OF D	EATH	
8 - 25 S		VA		USA	WIDOWE	D DIVOR	RCED	Bal+imo:	ro Cit	7.7	MD
* 4 A	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITU		IN USUAL OCCUPATION		KIND OF B	BUSINESS OR
5 CO 33 5		Baltimore	т			Hospita					
22	13a S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	A CHUEK INSTITUTION	13c. CITY OR TO	ORE ADMISSION	13d. INSIDE CITY L		3e STREET ADDRESS		17.1	
N P S	_	AD .		Balti				2700 Boo	ne St		191
MARYLAND ed Jihh C	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA		WIDDLE	1	LAST	4.
₹ 3 ₹ 55% (X)		James		Crute	0.8777	Luc	v	Mae	$T\epsilon$	erry	
ORE, xecul ges dicol		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	5	1	
IIMOR on ond s. Poges		No		227-56	-0314	Lucy To	erry	2607 Kirk	Avenu	ie	
BALT ofe operator of the first	-	18 CAUSE OF DEATH (Enter o	nly one couse pe	r line for (a), (b),	and ICI	13000				APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
ST., on pheemo		PART I DEATH WAS CAUS	ATE CAUSE (o)	Cardio	pulm	many	din	est		20 Y	ninutes
on in cerbing corbing the cerbing to a second to a sec		4100	DUE TO, C	OR AS A CONSEC	DUENCE OF	,				2	
PRESTON he death c he ottendir motton, or r troumatic		Conditions, if ony, which	(b)_	large	anten	por my	ocar	ual Infan	han	d we	eks
W. PR		gove rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEC				,	8.5 3 1	10.10	118
201 W		underlying couse lost.	(c)_	ather	osde	DUC 1	lasu	ular dise	ase 1	oyes	eurs
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN	PART 1(01	
S SOUTH S IN	110	Dianetes									
NG PHYSICIAN: The low requirements of the burding physicion: Contending physicion: Contending physicion: Contending physicion: Contending physicion prior to the ond Mentol Hygiene prior to the ond Mentol Hygiene prior to be orked or them 18 shows ony injury processing the province or the contending physician prior to the province or the physician prior to the province or the physician prior to the physician prior to the physician prior to the physician prior to the physician physic	CERTIFICATION	190 DATE OF OPERATION	195 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORME	ED		206. IF YES, WER		
TAL The Cion Sit By Show	RTI					To de la constant		YES NO	YES 🗌		NO DA.
DF VITAL CIAN: The physicio physicio physicio physicio physicio politronsit foli Hygier m 18 sho.	_	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE			DAY YEAR	216. HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJURY	NITEM IB PART I O	RPART 2)	
ONO YSICA Jing 1 S cert Surial Mente	MEDICAL	LIFETHER NOTIFY MEDICAL EXAMINE		.M.	19						
PHY PHY this this nd M	MED	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY	E. FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	4 C	OUNTY	STATE
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S S S S S S S S S S S S S S S S S S S	M	22a. I certify that (I) (this hasp sow the deceased alive of	11-0-07	e deceased from	A0171	1	9 62	10 April.	20 19	2, tho	ot (1) (we) lost
ATTI Ospit d for d for m 21		obove (1) (we) (did) did n	ot) view the body	ofter death.			r) opinion dec	oth occurred on the date			
OR A DOR A DORPH		226. SIGNATURE	1 21		10	DEGREE	NDING	MEDICAL STAFF	4	DATE SIG	SNED /
RAL RAL		agrane	C, 40	une	INI) PHYS		DIRECTOR PHYSICIA		9/	78/0K
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TO HOSPITA retained by TO FUNERA should be de with the Ster		Diane (100	ing		000		where St.) pau	mon	reinley,
per the	23a E	URIAL, CREMATION, REMOVA				EMETERY OR CREA		23d LOCATION CITY OR TOWN	cou	INTY	MD
0904BP	24.5	Burial	4/24	/82	Mt. Z	ion Cem	100 5 55	Baltimor	ce '		MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR	T/13	1101 E	Nort	h λτ.	230 ADD	9 3 1002	GISTRAPIS	SIGNA	The state of
(1.0.1.0, 2)		Wm. C. March	r/n	TIOI E.	. MOL C	II AVE.	SAL I	Ne lan	The year		



STATE OF MARYLAND

2	1 - STATE REGISTRAR	DEPARTM		ICATE OF DEATH		REG. NO.	9 3	24
1	I. DECEASED NAME (TYPE OR PRINT) BOYD	A. Hu		HREYS		20 DATE OF DEATH MONTH DO	8Z	26 HOUR
1	3 SEX Male	4 RACE	S. DATE O	DAY YEAR	- 1		ONIHS DAYS	IF UNDER 24 HRS
5	Penna.		MARRIE WIDOWE			Baltimore City or County Baltimore City		MD
31	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL Baltimore City	DDRESS) HOS		7	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Fixture Builder	INDUSTRY	in Co
5	USUAL RESIDENCE (IF MURSING HE ORGINA 136. STATE COUN' Balti	TY 13c CITY OR TOWN	1	13d. INSIDE CITY LIMI YES NO		13e. STREET ADDRESS 3613 Wheelhous	e Rd	
E	Alexander	Humphreys	lud.	IS. MOTHER'S MAIDE FIRST Margai		WIDDIE	Murph	
2	(160 WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIAL SECUR 182-10-1		Mrs Mar	ian	ADDRESS Humphreys	Same	
	18 CAUSE OF DEATH LENTER ONLY PART I. DEATH WAS CAUSED 0 3 8 9 IMMEDIATE	DUE TO, OR AS A CONSEQUEN	PULN NCE OF	IONARY A	RR	EST	BETWEEN (MATE INTERVAL ONȘEI AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN						
	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to di</u>	EATH BUT	NOT RELATED TO THE	TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 1 c	
1	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATIO	N WAS PERFORMED			WERE FINDIN	

21d INJURY OCCURRED

NOT WHILE

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

P.M

YEAR 21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

sow the deceased alive on 4-30 above, (II (we) (did) (did not) view the body after death 22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

STATE

230 BURIAL, CREMATION, REMOVAL

STEPHEN OSMANSKI, MD

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on 4-30

22e ADDRESS

City HOSPITALS

that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

(SPECIFY) Burial
24 FUNERAL DIRECTOR

5/4/82

23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley

DEGREE

23d LOCATION CITY OR TOWN

COUNTY

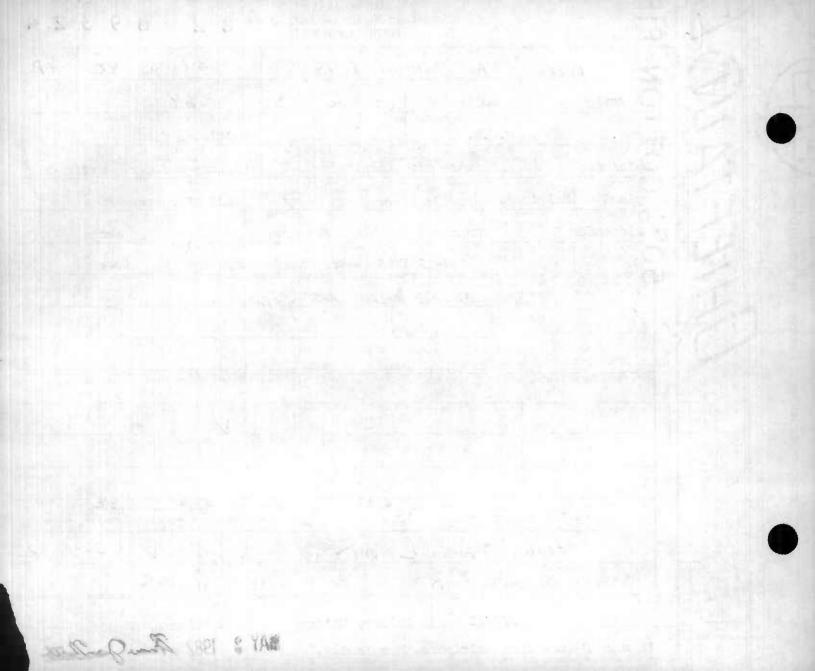
Leonard J Ruck Inc. Baltimore, Maryland

236 DATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

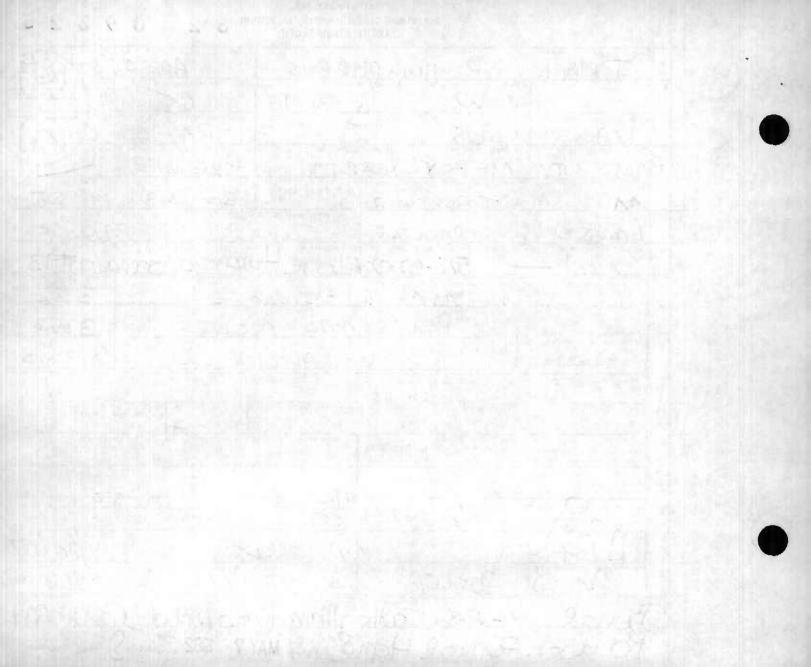
marked or Item 18

MPORTANT.



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

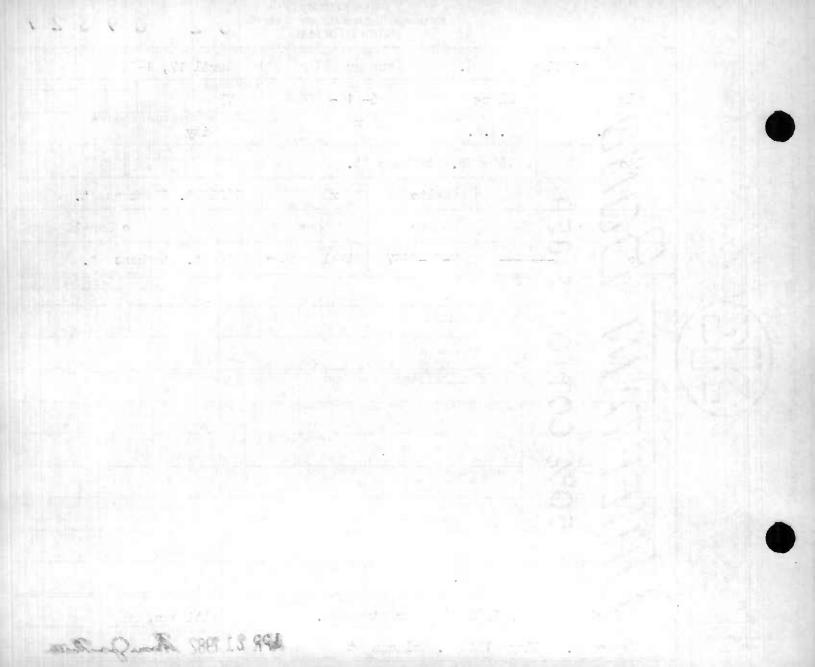
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	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0 9 3	5 2 6				
		CEASED NAME FIRST	WIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b HOUR				
	11111	GILBE	RT W.	ни	NTER	APRIL 5.	1982	2:04B				
	1 SE		4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	THOAY) IF UNDER I YEA	R IF UNDER 24 HRS				
9		Male	White	Oct	.19,1945 YEAR	36	YRS MONTHS DAY	HOURS MIN.				
3		RTHPLACE (STATE OR FOREIGN CO. Pa.	76 CITIZEN OF WHAT COURSA	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O BALTIMOR	E CITY	MD.				
3		TY OR TOWN OF DEATH	11. NAME OF HOSPITA LIF NOT IN SUCH FACILITY, JOHNS H			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Steel Worker						
5	₩5U, 13a S	AL RESIDENCE (IF NURSING HOME OF TATE PA.		ENCE BEFORE ADMISSION) OR TOWN BLEY	138 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Box 24	4 Craley Pa					
7	14 FA	Gilbert	W. Ht	inter Sr.	15. MOTHER'S MAIDEN NAME FIRST PROCES	WIODIE	Hetrick	AST				
3	16a. V	VAS DECEASED EVER IN U.S. ARI (ES. NO OR UNKNOWN) JIF YES, GIM	E WAR OR DATES	CIAL SECURITY NO.	17 INFORMANT	ADDRE						
	_			-36-7431	Mrs. Joy Mer	rett vingsv		NAME IN TRACT				
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI	D BY:	o), (b), and (c).)	ynotension		BETWEE	BETWEEN ONSET AND DEATH 24 hours				
		2689 Conditions, if only, which	DUE TO, OR AS A C	ONSEQUENCE OF	Treevisevi	V. III	24	Zinierlan				
9	7	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A C		oul TRANSPU	ANTATION	21	2 montes				
	NO	PART 2 OTHER SIGNIFICANT C	DITION GIVEN IN PART	1(0)								
1	CERTIFICATION	190 DATE OF OPERATION 412/82	LEUKEM	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO						
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MC		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2					
	MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE OF AT WORK	218. PLACE OF INJUI (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE				
		22a. I certify that (I) (this hospital) attended the deceased from 4/4/37, 19, to 4/5/82, 19, that (I) (we) lo saw the deceased alive on 4/5/82, and that in (my) (tous) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not will well this pool of the date).										
		72b. SIGNATURE	FIAN 4 1/	S/+2								
		22d. PHYSICIAN'S NAME (TYPE OF	refini) OLI Mertiza	_	70ths to	PICINZ H	DIPITAL					
	23a. 8	urial, CREMATION, REMOVAL SPECIFY) Temation	23b. DATE Apb.6,82		emetery or crematory iew Memorial	23d LOCATION CITY OR TOWN Balt	imore Md	STATE				
		UNERAL DIRECTOR Elfne Funeral H	ome Reist	erstown. M	25a. DATI	E REC'D. BY REGISTRAR		ATURE -				

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

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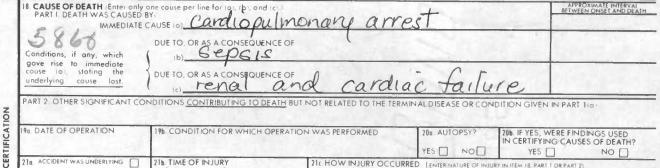
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morked or Item 18

MPORTANT: If Item 21 is

MEDICAL

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0	9 3 2 8					
	I. DECEASED NAME FIRST (TYPE OR PRINT) James	MIDDLE H1	untsinger	20. DATE OF DEATH MONTH DE	YEAR 25 HOUR 5:05PM					
	3. SEX Male	White	5. DATE OF BIRTH Dec. 26, 1924		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DATS HOURS MIN.					
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County, MD						
-	10 CITY OR TOWN OF DEATH	THE MOT INTELLEGIBLE COURT CONTENTED	NG HOME OR OTHER INSTITUTION ADDRESS) TOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Labore 12b KIND OF BUSINESS OR INDUSTRY Labor						
1	13a. STATE 113b CQL	or other institution give residence before UNITY 13c CITY OR TOW 21030	VN 1134 INSIDE CITY HAAITS?	130 SIREET ADDRESS 800 W. Padon	ia Road					
1	14 FATHER'S NAME	Huntsinge		15. MOTHER'S MAIDEN NAME						
	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C	THE WAR OR BURGE	FITTY NO. 17 INFORMANT -5059Estelle M.	Monks Cockeysv	ilæe, MD					
		only one couse per line for (a), (b), on SED BY ATE CAUSE (a), Card (op DUE TO, OR AS A CONSEQUE	ulmonary arre	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					



			· · · · · · · · · · · · · · · · · · ·	200 701		IN CERTIFYING CAUSES OF DEATH			
			The second second	YES 🗌	NO	YES [NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	The same of the sa	YEAR	21c HOW INJURY OCCURRED	D (ENTERN	ATURE OF INJUR	RY IN ITEM 18 PART T OR PART 2)			

STREET

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

NOT WHILE 220 Certify that (I) (this hospital) attended the deceased from

sow the deceased alive on doore, (I) (we) (did) (did not) view the box and that in (my) (our) apinion death occurred on the date and hour and from the causes stated SIGNATI DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Cremation

BALTO 21229

GOOD, M.D 23e BURIAL, CREMATION, REMOVAL 23d LOCATION
CITY OR TOWN
TY Baltimore 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)

22e. ADDRESS

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

lliam Johnson 8521 Loch Raven Blvd

Green Mount Cemetery

CITY OR TOWN

COUNTY

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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		orkina. Train		
AL MILITERS		The Control		
		K.		
				18/2
			CIA GOOD, M.	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the s - ME CON 1888 May 7 - 1888 May 7 - 1888 and campletely litted in by

injury, ar other traumatic ev

should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation, v TO FUNERAL DIRECTOR: After this certificate has been signed by the

IMPORTANT: If Item 21 is morked or Item 18 shaws

24 FUNERAL DIRECTOR

Mo ully Funeral Home

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

9

					REG. N	10.		
	DECEASED NAME YPE OF PRINTS BESSIE PRINTS	MIDDLE	14	AST THE	20. DATE OF DEATH	MONTH DAY 1	2b. HO	DUR
3.	SEX _	4 RACE VV	5. DATE O	DF BIRTH , 1896	6. AGE TINYEARS LAST BE	(RTHDAY) IF UNDER	1 YEAR IF UNI	DER 24 HRS
L	Female	White	MONTH	114/XXX			DATS HOURS	MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH	
	ma	USH	WIDOWE	\	Balt	imore C	ity	MD.
10.	Bultimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY BIVE STR		General	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDL	JSTRY Dome	
13 13	SUAL RESIDENCE (IF NURSING HOME OF ITS STATE 13b. COUN			13d. INSIDE CITY LIMITS?	1120 STREET ADDRESS	struce 5	7,	
14	FATHER'S NAME	MIDBLE AST -		15. MOTHER'S MAIDEN N		14,27	1 1461	
L	John	O. You	ler	Ida	Milotte	Hendri	eks	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS Balto.	Md. 2	21226
L	no	218-10	-7978	chart	Helen Hurt	t 1625 Sp	muce 3	st.,
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	and ici i		4	BE	APPROXIMATE IN TWEEN ONSET A	TERVAL ND DEATH
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	Conditions, if ony, which	((b) Proba	612	Aspiration				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF	,	. 1			Alle
	underlying couse lost	(c) Ceseb	ral Va	ascular a	ccident		THE	
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PA	ART Iro	
CEPTIFICATION	marked contr	actures, Vecu	biTi					
18	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I		
E					YES NO	YES	NO	_
E	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR P	ART 2)	
IA	OR CONTRIBUTING CAUSE OF DEA	7,111	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	OWN COUR	NTY	STATE
1 3	WHILE NOT WHILE	TAT HOME, STREET, FACTORY, OFFIC	E, PARM, ETC.)	SINEET	,			31416
	220.1 certify that (I (this hospi	ital) attended the deceased from		19.80	2-, to 4/1	7 . 19 8	Z, that (V	(we) Jist
	sow the decessed drive on obove, (1) we) (did to did no	at) view the body ofter death.	82 on	d that in (my (our) opinio	in death accurred on the c	date and hour and fro	m the causes	stated
	22b. SIGNATURE	- 10		DEGREE		22c.	DATE SIGNE	0
	(rain	1. Vellan	M	ATTENDING PHYSICIAN	MEDICAL STA		1/14/5	72
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	0 1-4:		1	
1	Craig 1.	Nelson 7	n. V.	South 1.	Sallimore	ocue	eval	
23	BURIAL, CREMATION, REMOVAL		. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Bunial	4/19/1982	Baltimo	no National	Baltiman	Manualan	1	STATE

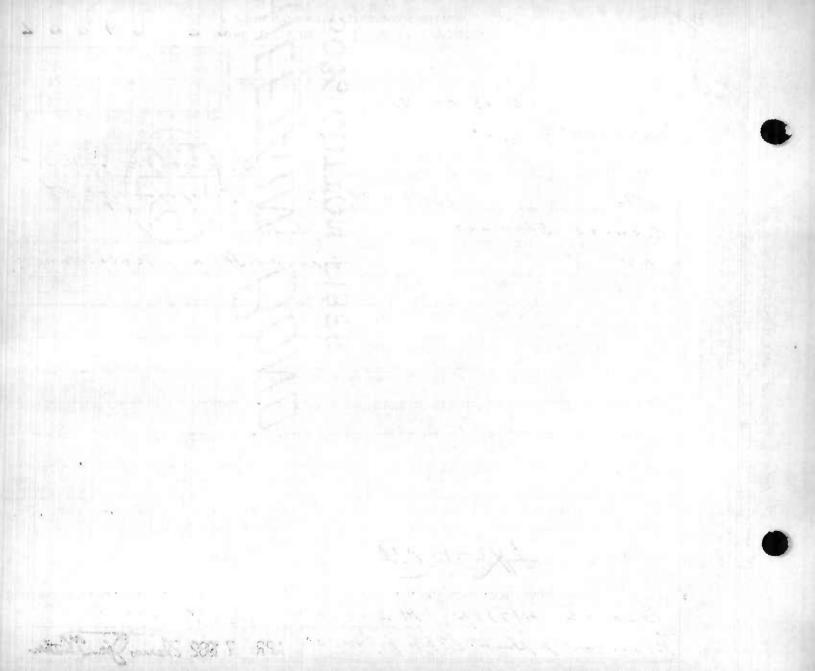
Balto Aderess Md., 21226 4200 Pennington Ave.,

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Carrie Jackson 14 DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. **IF UNDER 24 HRS** 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED black female 13 06 75 YRS 82 9:37 DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH EIGN COUNTRY MARRIED NEVER MARRIED Baltimore City WIDOWED 3 DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Bon Secour Hospital PRMOST OF WORKING LIFE KR Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Marrot 14. FATHER'S NAME STEWART DIVISION OF VIE RICHARD Vagaous 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO LIE YES GIVE WAR OR DATEST VERNON S. SACKSONICUON. MONKOS CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION ARE: THIS CANNER THE VACATION THE CHIEF MARE E FORWARDED TO THE CHIEF MARE FACE 3 SHOULD BE USED AS THOSE PACE TO BE PARTIMENT OF HEAT OF THE PACE TO BURIAL, CONTROL THE PACE TH 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held on Inspection X X Inquiry ond in my opinion death resulted from: Notural causes Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 4/3/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard M.D. (TYPE OR PRINT) Penn Street Balto MD 21201 23c. NAME OF CEMETERY OR CREMATORY MA BUSURN 24 EMNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 2/80



MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

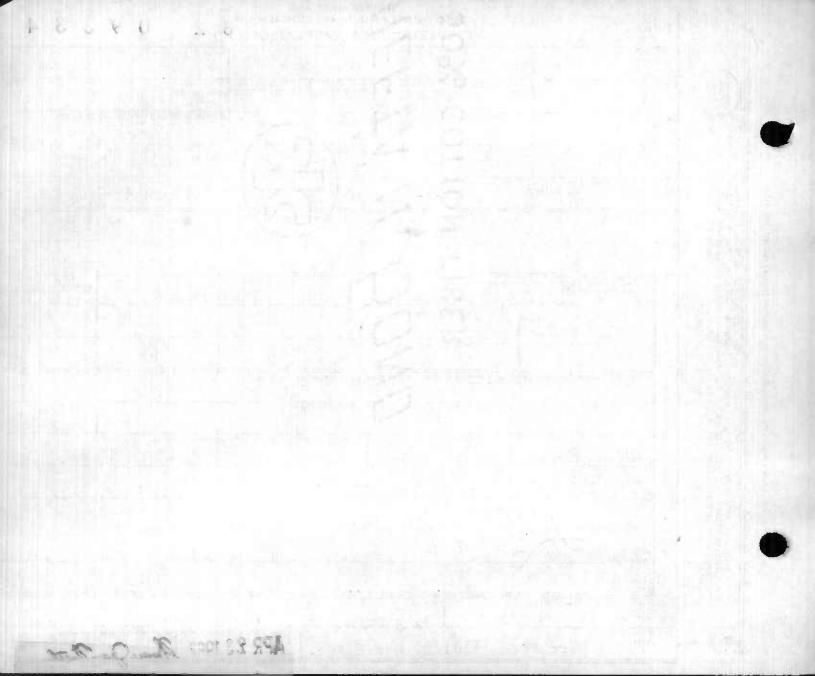
CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR 20. DATE KNOWN I. DECEASED NAME 2b HOUR MONTH (TYPE OR PRINTS ESTI-(Gergory) Jackson DEATH MATED Gregory SEX 4. RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE MONTH 60 PRONOUNCED 3:08F black male DEAD 76. CITIZEN OF WHAT COUNTRY? Za-BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA MD Baltimore City WIDOWED DIVORCED IL CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Johns Hopkins Baltimore Hospita1 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Forrest St. Baltimore 13b. COUNTY 13d. INSIDE CITY LIMITS? MD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, WITH FORM PM IT, PAGES 1 AND 2 DIVISION OF WITM MIDDLE Alverta Russell Ward Almond Jackson 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Alverta Jackson 1129 Forrest 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Shotgun wound of abdomen Weapon: Shotgun DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. FICATE, WRITING THE WORD "FENDING"
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THE STATE DEPARTMENT OF HEALTH AN
THE STATE DEPARTMENT OF HEALTH AND, 21201 PRIOR TO BURIAL, CREMAT PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 2:00 MP 4/2019 subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK GE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PAGE rear of 100 Blk Forrest AT WORK Street Baltimore, MD 22a. I certify that I took charge of the adminis described above, held an Inspection deoth resulted from Homicide XX Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant 4/21/82 DEATH, AFTER DEATH BALTIMORE, MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard.MD. Penn Street Balto MD 21201 ... ADDRESS 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Baltimore

REGISTRAR 1256 REGISTRAR'S SIGNATURE 4/24/82 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH-17 1101 E. North Ave. C. March F/H (VR A 15 ME (5)) 15M 2/80

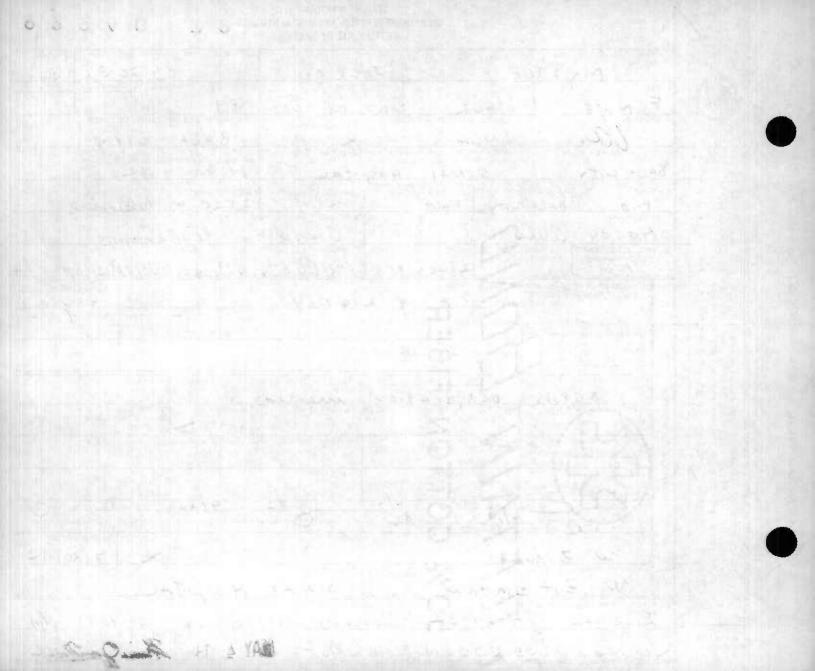


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y be age 3 death		CEASED NAME FIRST	MIDDLE A.	Jucksin	20 DATE OF DEATH		26 HOUR
oge 4 mo	3. SE.	male	Black	5. DATE OF BIRTH MONTH DAY 1931	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS HOURS MIN
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rottending physicion. ther this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	GS USED OF DEATH?
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ATTENDI Spital or CTOR: A for use of Heal		sow the deceased alive on abave, (1) (we) (did) (did no	tal) attended the deceased from	, 19, 19, ond that in (my) (our) opinion	, to, death occurred on the d		nat (I) (we) lost ouses stated
PITAL OR A by the hos by the hos be the hos be detached Store Dept. If them		226. SIGNATURE	Serono		MEDICAL STA	FF 4-3	-82
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 25 HOUR 20 6 AGE LIN YEARS LAST BIRTHDAYL IF UNDER LYEAR MONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOMENIALLER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (aut) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED



1206-08W. Noeth

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

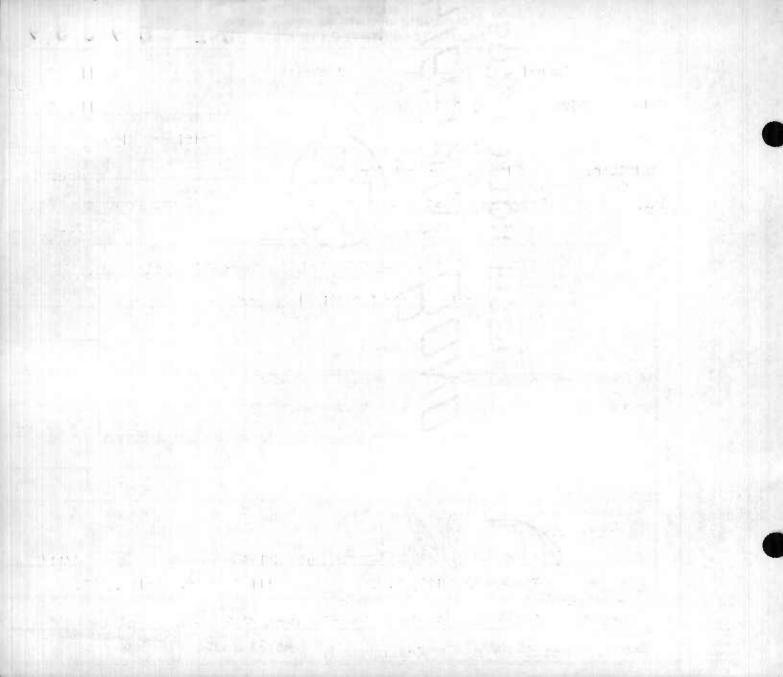
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DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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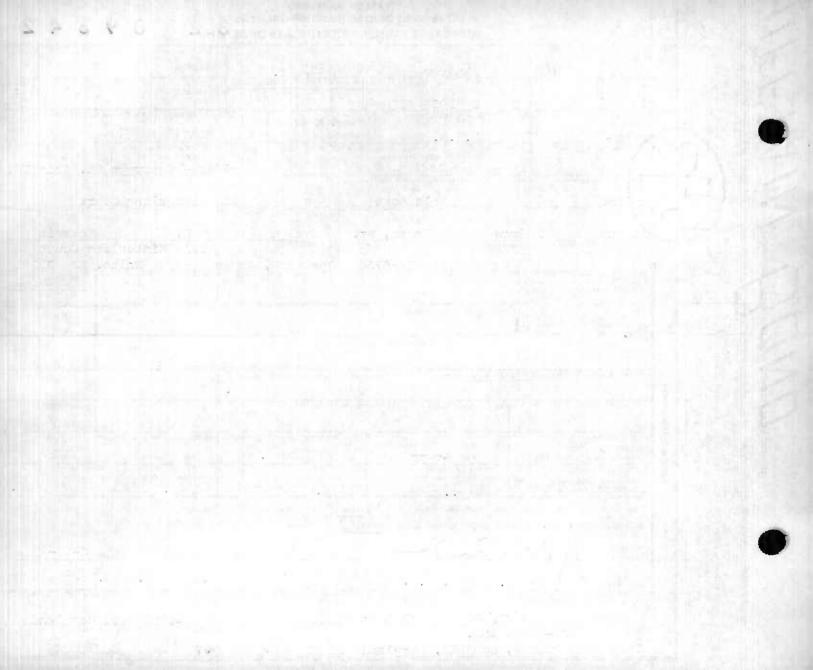
.caoles fred day.com. aponent with the comment. 4 C. Arunio San alte 1842 Sourcesia Latte. B Pairte. Mr. office

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR . DECEASED NAME KNOWNXX (TYPE OR PRINT) OF ESTI-H JAMES DEATH MATED CLIFTON 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHOAY) PRONOUNCED DEAD male black TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Caroline Street Baltimore PR USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE 136 COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME SED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO I (IF YES, GIVE WAR OR GATES) -07-9069 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ AND MENTAL HYGIEN ATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED AS FHIS CEAN.

(E. WARDED TO THE CHIEF ME RANABED TO THE CHIEF ME SPACE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAR OF STATE DEPARTMENT OF STATE DEPARTME 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOXX 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Undetermined manner death resulted fram Natural causes Hamicide TITLE (SPECIFY) ACTUAL 4-15-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street TYPE OR PRINT ADDRESS. 230 BURIAL CREMATION REMOVAL 23b. DATE **DHMH-17** (VR A15 ME (5)) 15M 2/80

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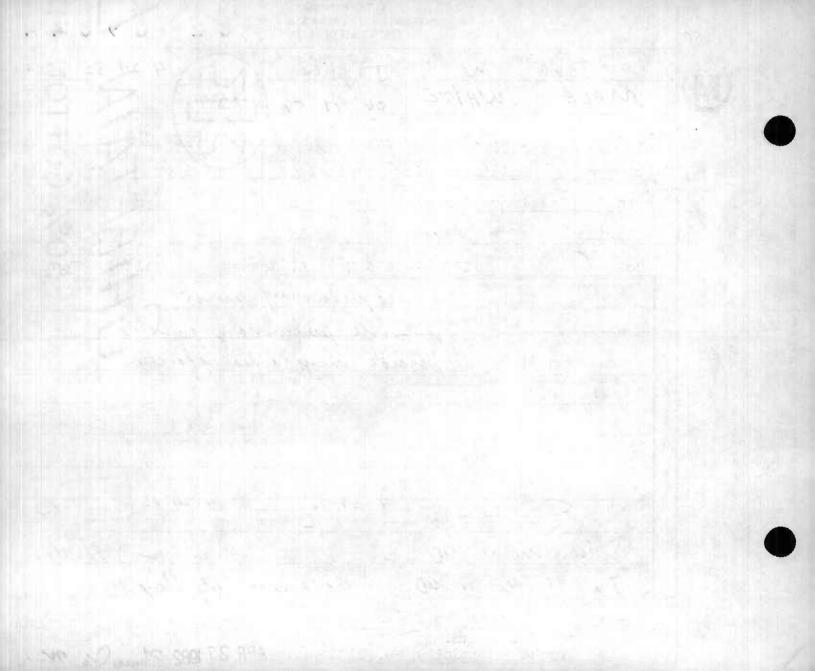
REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 17b. KIND OF BUSINESS OR INDUSTRY Supervisor Beth. Steel 6831 Belclare Road Andrews 6831 Belclare Rd. Balto., MD.21222 APPROXIMATE INTERVAL 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY opinion death occurred on the date and hour and from the couses stated 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 4/27/1982 Meadowridge Burial Howard Dorsey Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS. DHMH - 16 50M 1/B1 (VRA 15, 4) 7922 Wise Avenue Dundalk, MD. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINT Jefferson 56 1982 Margaret 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAYS IF UNDER LYEAR IF LINDER 24 HRS female black MONT 16 MIN. 31 65 MRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore city Va. WIDOWED TO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 1220 E. North Avenue Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 1220 E. North Avenue YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST 166. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Pauline Baldwin 1220 E. North Ave. No N/A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. remembry montpiceera 20 minute IMMEDIATE CAUSE (a) mehipute inflammating heart careingua 4 mos. Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION comestive heart failure 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10 10 P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 1982 71d INJURY OCCURRED 21e PLACE OF INTURY 211 LOCATION COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE March 22a. I certify that (I) (this hospital) attended the deceased from MC Much 31 1982 sow the deceased alive and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) we) (did) (end not) view the body ofter death DEGREE 22r. DATE SIGNED ATTENDING MEDICAL -6-82 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS JOHNS HOPKING ONZOLOGYCENBIR, BATIMONE Constance A. Grittin MO 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR

Burial

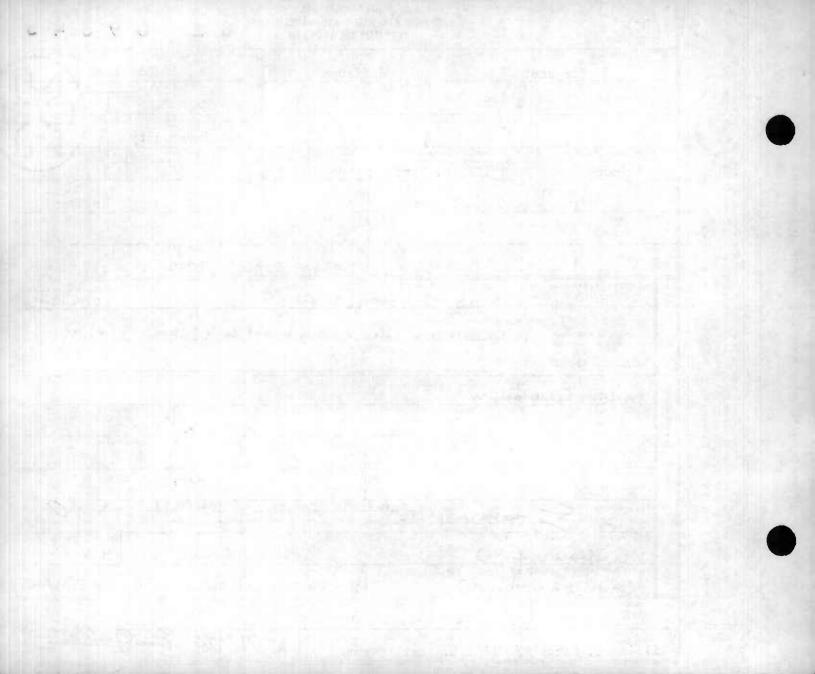
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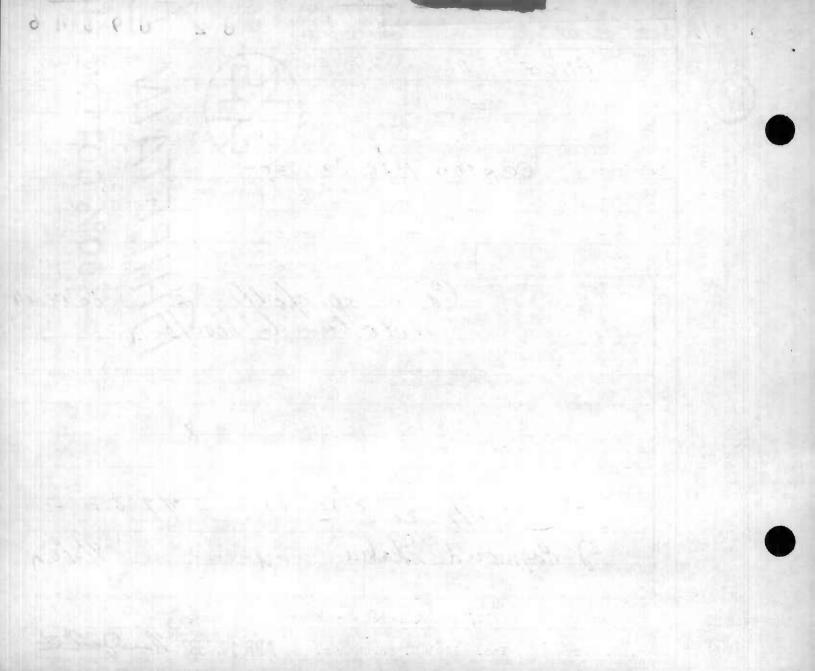
William C. March F/H 1101 E. North Avenue

4/10/82



		SED NAME ALICE	: =	MIDDLE		PENERSON	20 DATE OF	DEATH MONTH	7 3	3 26 H
	(TYPE OR P	7//		, ,,	_					
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5		MD			timore	YES NO		611 S. C		
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ラン		John			bson	Martha		-4.1	(Charms
		DECEASED EVER IN U.S	S. GIVE WAR OR DATE	(5)	AL SECURITY NO.	17 INFORMANT		ADDRESS		No.
medico		No	10.00	N	/A	Charles Dol	son 91	9 Gibbon		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH



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	-1			STATE OF MARYLAND		
the 3	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 9 3 4 8
2.8		DECEASED NAME TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	18 110011
ay be		SEX KOD	4 RACE_	Jenkins 15. Date OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	9 82 8:00 M
ertor. p	3	Male	Black	MONTH DAY YEAR	63	MONTHS DAYS HOURS MIN.
	10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or cou	A: d
oy the	200	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b, KIND OF BUSINESS OR INDUSTRY
b 212 4 hours ed in t id be f	U I	SUAL RESIDENCE (IF NURSING HOME Ba. STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS	
LAND In 24 In 24 Should	>	FATHER'S NAME	Baltim	ore YES NO [311 w.	Biddle St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ratending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill than Amental Hygiene prior to burial, cremation, or removal. In and Amental Hygiene prior to burial, cremation, or removal.	0	Robert	MIDDLE LAST Jenk	15. MOTHER'S MAIDEN N	MIDDLE	Scales
MORE, e execut n and co	16		CIVE WAR OR DATES		ADDRESS	C-1 Cl
ALTIM he be icion o ers. Po		NO	234-28-1		riffin 217	Gilmore St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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deat deat atter nave o		Conditions, if any, which gove rise to immediate	(b) Small C	ell larimoma of	the Lung.	Smos.
1 W. Pl hot the by the ose rem 1, cremi		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	0	
res three three three three three three three three transfer to the transfer transfe		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
ORDS requires signatures or to be or to by injures						
n. n. ne permit. ne prio	2	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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SECIAN ng phy certific ricol-tre entol h	100	00.00.00.00.00.00	DEATH	AY YEAR		
PHYS) ending this ce this ce burind Merind Merind dor the		21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS por after 11 e as the all and marked		AT WORK AT WORK		A201 8 8	2 April 9	- 87
FEN OR IS	4	saw the deceased alive	spital) attended the deceased fram_ an	, and that in (my) (or) opinio	in death occurred an the date and	hour and from the couses stated
OR ATT OR ATT DIRECT oched fo Dept. of f Item 2		obove, (1) (ve) (did) (did	not) view the body after death.	DEGREE		22c DATE SIGNED
TAL O y the RAL D detect to te D		Lung	Jahr Misk		DIRECTOR PHYSICIAN	April 10, 1982
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	1	PHYSICIAN'S NAME H	110	22e ADDRESS	018.11 411	
TO H TO F Show with	2:	O BURIAL, CREMATION, REMOV	AL 23b DATE 23c	VAME OF CEMETERY OR COMMATORY	Ot. DELT. NO	. 2/230
170/BP		(SPECIFY) & wrial	11.110-	nt. Zion Cemete	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/B1	2	FUNERAL DIRECTOR		25a D.	ATE REC'D. BY REGISTRAR 25 DE	
(VRA 15, 4)		Wm. C. Marc	h F/H 1101 E.	North Aue A	LU 14 1285 Ma	me from little

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MPORTANT: If Item 21 is marked or Item 18 shar

FOR

	STATE	OF M	ARYLAND	
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	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.	•		-	
	CEASED NAME	FIRST	A	AIODLE	l	AST		2a. DATE OF D	EATH MON	TH DAY	YEAR	2b HO	UR
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3. SE	Х	4	RACE	1-1	5. DATE C			6 AGE IN YEAR	RS LAST BIRTHDAY		NDER I YEAR		ER 24 HRS
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N	ebraska		U.S.A.		WIDOWE	DIY DIV	ORCED	BALTI	MOR E	CITY	531		MD.
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14 F	ATHER'S NAME FIRST	MI	DDLE	LAST		15. MOTHER'S	MAIDEN NA/		MIDDLE		1		
1	Jens			Jense		So	phie	K	•		Mauri	itse	n
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECUI		17 INFORMAN			ADDRESS			210	
	YES NO OR UNKNOWN)			481-09-0	989	Arthur	P. Je	ensen 3	237 Wo	odstr	eam I	Jane	
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	/ BAF.	AEL	Olive	ER-VIDA	AUD	1209	st	agnes	s La	2.	120	7	

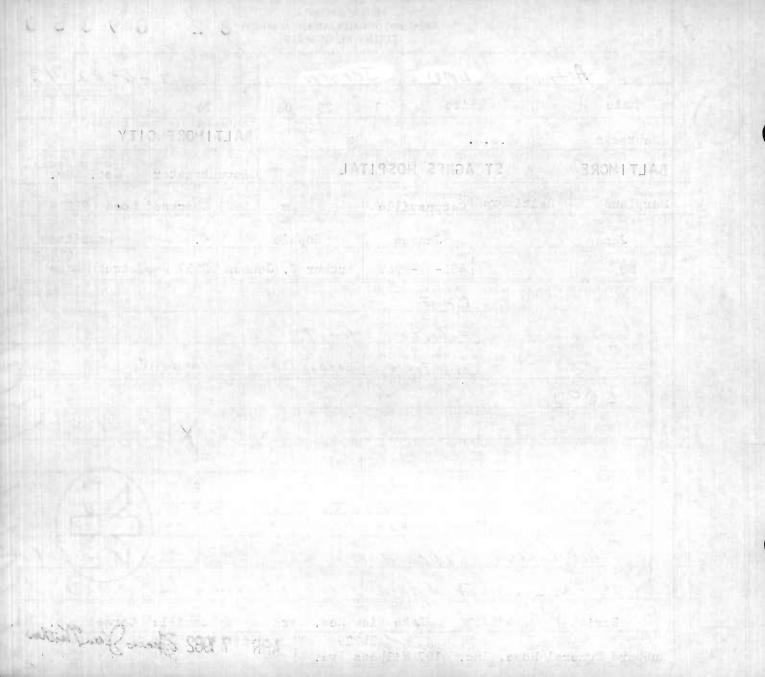
DHMH - 16 50M 1/81 (VRA 15, 4)

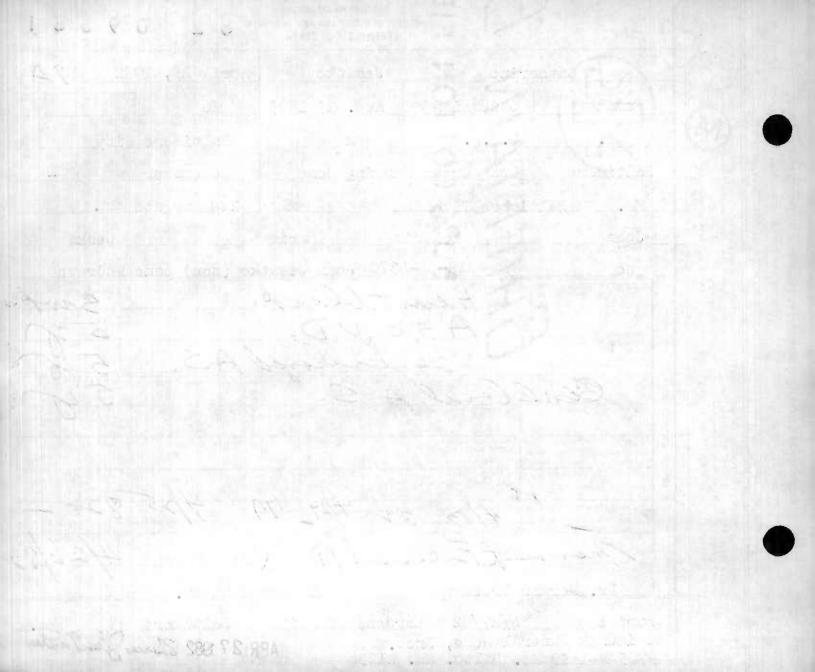
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 4/8/82 Burial

231. NAME OF CEMETERY OR CREMATORY Lake View Mem. Park

Sykesville ille Carrell STREET

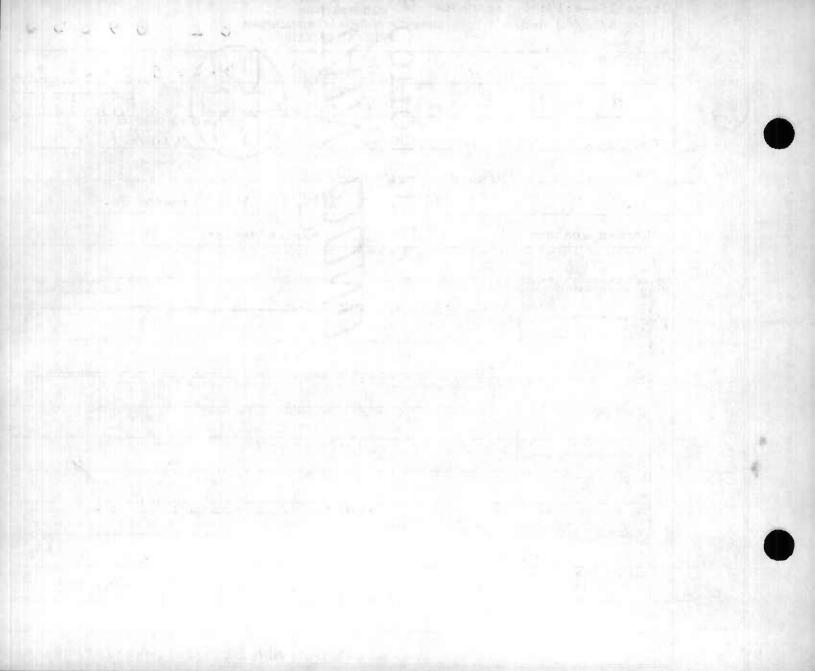
24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.





No. 188 - O TON TO STREET SEEDS ON

	It	ems 13a-e;14;			OF MARYLAND				47
	1-	FOR 4/16/82 de STATE REGISTRAR	a d DE		CATE OF DEATH	GIENE 8 2	0 9	3 5	3
4 m 4		CEASED NAME FIRST OR PRINT) BB	SHARIAN.		OHNSON		MONTH DAY	YEAR 26. HO	OUR 3
(3. SEX		4 RACE B	5. DATE O		6 AGE (IN YEARS LAST BIR	-	DER 1 YEAR IF UNI	DER 24 HI
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rs after as by the functified within	10 CI	TY OR OWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	VESTREET ADDRESS)	ROTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		b. KIND OF BUS DUSTRY	INESS C
ND 21201 24 hours ofter willed in by the build be filed w	13a. S	AL RESIDENCE (IF NURSING HOMEO STATE TOUT COU!	R OTHER INSTITUTION, GIVE RESIDEN NTY 13c. CITY C	ICE BEFORE ADMISSION	13d INSIDE CITY LIMITS? YES PO NO TO	13 SPEET ADDRESS Burn	wood Rd		
within within d 2 sho	14. FA	THER'S NAME		AST	15. MOTHER'S MAIDEN NA		5,	LAST	
BALTIMORE, MA cate be executed spers. Pages 1 on val. r, the medical exa	léa V	VAS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17 INFORMANT	ADDR	ESS		
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physic. Then please remove carbanpapes to burial, cremation, or removal. injury, or other traumatic event, th	Z	Canditions, if any, which gave rise to immediate cause ia stating the underlying cause lost	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	nsequence of	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
on y	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	CAUSES OF DE	
ON OF VITAL RE ON OF VITAL RE OUT OF VITAL RE		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR				
DIVISION ING PHYS T attending After this or as the burn Ith and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TO	wn cc	PUNTY	STATE
END of or OR: A Heal		220.1 certify that (1) (this hasp saw the deceased alive ar	attended the deceased	1 13	d that in (my) (aur) opinian	death occurred an the d			l) (we) lo
OR P P P P P P P P P P P P P P P P P P P		226. SIGNATURE	HONE	(DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _/	124. DATE SIGNE	/f2
TO HOSPITAL retained by the TO FUNERAL I should be detoined with the State I IMPORTANT: II		22d. PHYSICIAN'S NAME (TYPE	SIEWTYU	WONG	220 ADDRESS Balt	imore ci		spitals	S.
2 g 2 g 3 s	23a. E	SURIAL, CREMATION, REMOVAI SPECIFY)			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN		STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	NAME	ADD	DRESS	250 DA	R 1 5 1987	256 REGISTRAR'S	SIGNATURE	4



MAT	1-	STATE REGISTRAR		CERTIFICATE (REG. N	o.) 2 4
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e de de		Cha	rles	Johnson	n		4/22/82	- 11-20 AM
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30 20	Mr. Bi	RTHPLACE INTATE DI FOREIGN	75 CITIZEN OF WHAT COU	MARRIED W NE	VER MARRIED		R COUNTY OF DEATH	
	K	ALTONICA	USH	WIDOWED	DIVORCED [Baltic		edds MD.
(私)	10 CI	IY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	URSING HOME OR OTHER	INSTITUTION	12a USUAL OCCUPATI	WORKING LIFE) INDUSTE	O OF BUSINESS OR
YEAR	arts LL	RESIDENCE IN MUSING HOME	THER INSTITUTION GIVE RESIDENT	E BEFORE ADMISSION)	. 17,	LABOR	-600	(10)
385	13e 5					1605 B	ALMOR	CT)
10000	14.FA	THER'S NAME	MIDDLE LA	IS MOTI	HER'S MAIDEN NAM	MIDDLE	. /	LAST _ /
1996		EROY	JOHN	130N E	-12ABE	TH	YANG	CEY
999		EL NO OR SHIENDWINE [IF YES, GI	VE WAR OR DATES)	L SECURITY NO. 17. INFO	RMANT	ADDRE	16051	20/msst
24 E		IKO	REAN 1213-	30-238414A	MINIT	GROSS		21701010
hysic proper ore, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY			10 10		POXIMATE INTERVAL EN ONSET AND DEATH
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w ye	TIFIC					YES NOT	IN CERTIFYING CAUS	SES OF DEATH?
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buriol-transi Mentol Hygi or Item 18 sh	AL	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
or or	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	21f. LOC	TATION	CITY OR TOY	VN COUNTY	STATE
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for us of He of He		saw the deceased alive a obove, (I) (we) (did) (did n	n	19, and that in	(my) (aur) apinion d	eath accurred an the d	ate and have and fram t	he causes stated
DIRECT Sched f Dept. o		22b. SIGNATURE		DEGREE				TE SIGNED
RAL DIRE detoched tote Dept.			4 Kakati		PHYSICIAN [MEDICAL STA	IAN B	122/82
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should be deto with the State [IMPORTANT: If			M Kaka:	H'	Ī	ravide	ut 71051	rital.
ĭ 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	23a. E	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CEMETERY		23d. LOCATION CITY OF TOWN	COUNTY	SJAH .
		Burial	4 27 82	Crownsvill			ille	Md
6 50M 7/77	24 FL	INERAL DIRECTOR	ADDI	PESS	25a. DATE	R 26 1982	Conces Sugar	ATTREATMEN
A 15 (4))	B	rown/Thomps	on F.H. 1913	W. Balto. S	t. Ar	1/20 1302	012	

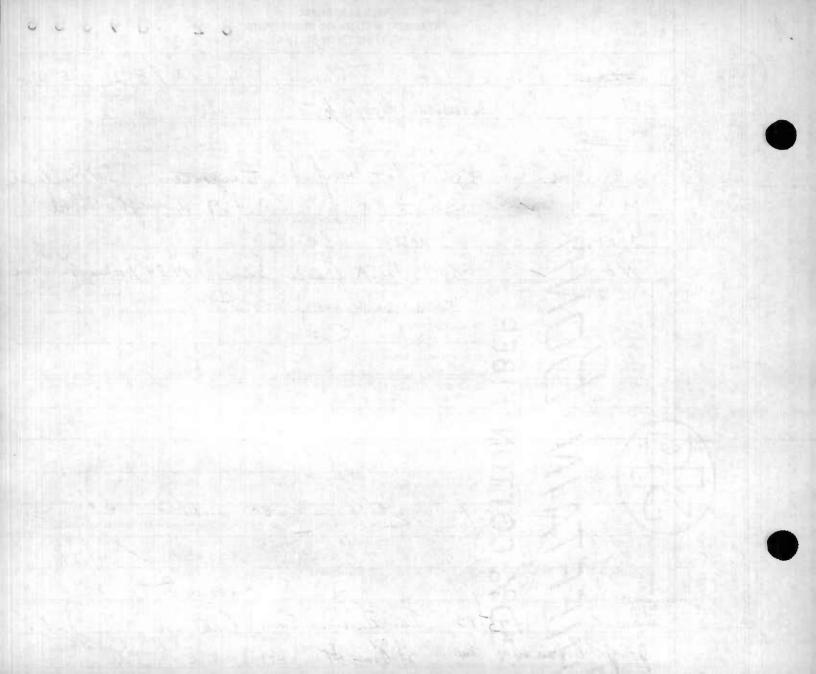
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR REG. NO DECEASED NAME DATE KNOWN X 7h HOUR (TYPE OR PRINT) ESTI-Charles DEATH MATED 82 Johnson FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 2 HOURS.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME 7a. DATE KNOWN (X) (TYPE OR PRINT) OF ESTI-4-23-82 JOHNSON JOHN DEATH MATED 4. RACE SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE रिर में क्रिक VEAD LAST BIRTHDAY) PRONOUNCED male black 18 10 26 DEAD 63 YRS 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFES OR INDUSTRY Baltimore PM 3. RETAIN PA ND 2 SHOULD BE F 5442 Gist Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 5442 Gist Avenue MD YES T NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE FIRST MIDDLE I. PAGES 1 AND DIVISION OF VIT E. Johnson Lillian Clarence Adams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 229-16-4868 Versey Johnson 2102 Chelsea Terrace 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, NOXX YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM FIC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Homicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL DATE 4-24-82 SIGNATURE EXAMINER'S NAME TYPE OR PRINT ADDRESS 111 Penn Street 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Baltimore Eastview Memorial Pk. Burial 4/30/82 BP 24. FUNERAL DIRECTOR **DHMH-17** C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A 7h HOUR (TYPE OR PRINT) DEATH MATED Thomas Johnson GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECT
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

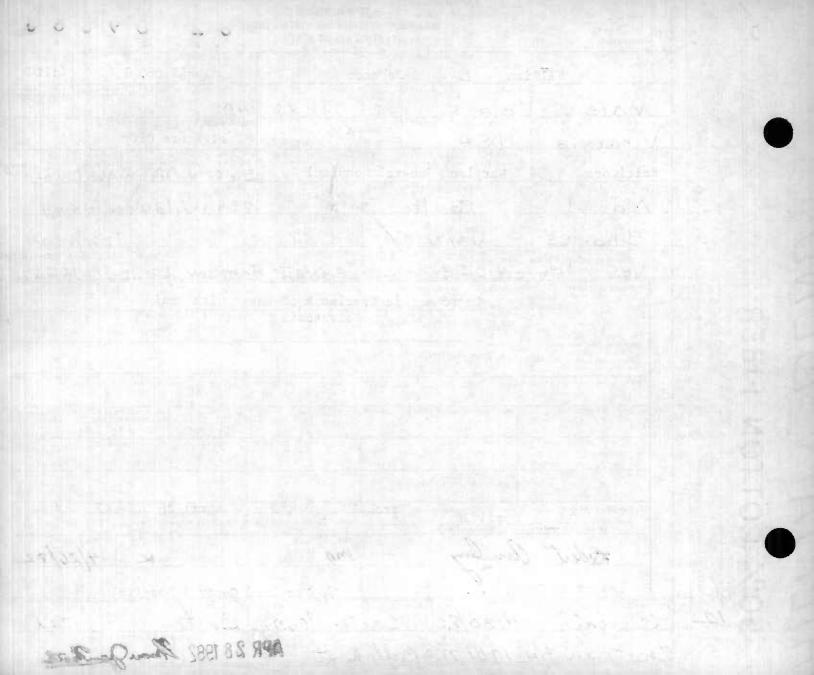
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C.S. Zeiler & Son Inc. 901 S. Conkling Street

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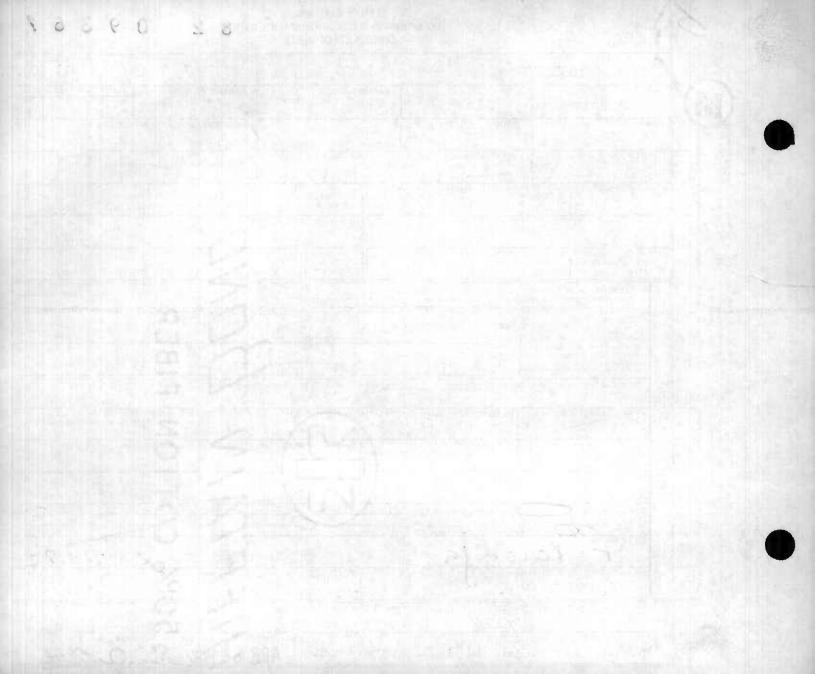
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR AUNIE M 25 LONES :30 3 SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) W July 21, 1897 I STATE OF FOREIGH BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE WIDOWED CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE ON WORK FOR MOST OF WORKING LIFE) Housewife ALTIMORE JOSPITAL KETIRED INAI HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6500 -AIR MONT 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Simmons, Sr. MICOLE Thomas tinknown 17 INFORMANT Mr. Thomas Simmons, Jr. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 216-74-8693 6500 Fairmont Avenue Balto.Md. 21215 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Prob. Cardingenic Shock DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o 70h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n_AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 131. NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore, My Burial 4-30-82 Lorraine Park CemeteryWoodlawn 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. GISTRAR 251 REGISTRAR'S DHMH - 16 50M 1/B1 (VRA 15. 4) 8728 Liberty Road Randallstown, MD. 21133

STATE OF MARYLAND

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STATE OF MARYLAND



				STATE OF MAKTLAND		
-6	1.	FOR - STATE REGISTRAR	DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9368
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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11/	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		MALE	BLACK	03-04-13	69 . YRS.	MONTHS DAYS HOURS MIN.
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35		MD.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO, C	ITY
Da .	10_C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
38		BALTO.	(IF NOT IN SUCH FACILITY, GIVE STREET A OTHER INSTITUTION GIVE RESIDENCE BEFORE	Md, Hospital	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
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9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	TENTER INTORE OF BROOK! BETTER TO	TANTI ON PART 2)
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	-	22d. PHYSICIAN'S NAME NAME		PHYSICIAN [DIRECTOR PHYSICIAN	19/13/00
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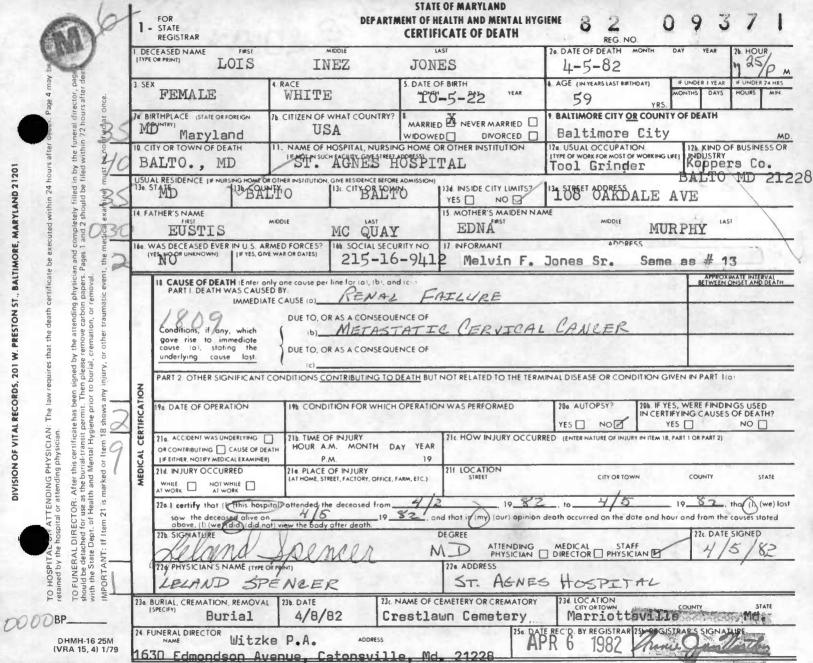
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TON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH, IF ANY DELY ITEM 18. GIVE PAGES 1, 2, AND 3 TO LONG WITH FORM PM 3. RETAIN P PERMIT. PAGES 1 AND 2 SHOULD BE GIENE, DIVISION OF VITAL RECORDS,	18 C	AUSE OF DEAT ART I DEATH W	H (Enter and	y ane cause per BY:						1			BET	PPROXIMATE WEEN ONSET	AND DEATH
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PERCUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PAGE 4 SHOULD BE FORWARDED TO THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALON AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIER BALTH WARMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	23- DUDIAL	CREMATION D	EMOVAL 7	3b. DATE	230	NAME OF CE	METERY (ORY	23d. LOCATIO	ON				
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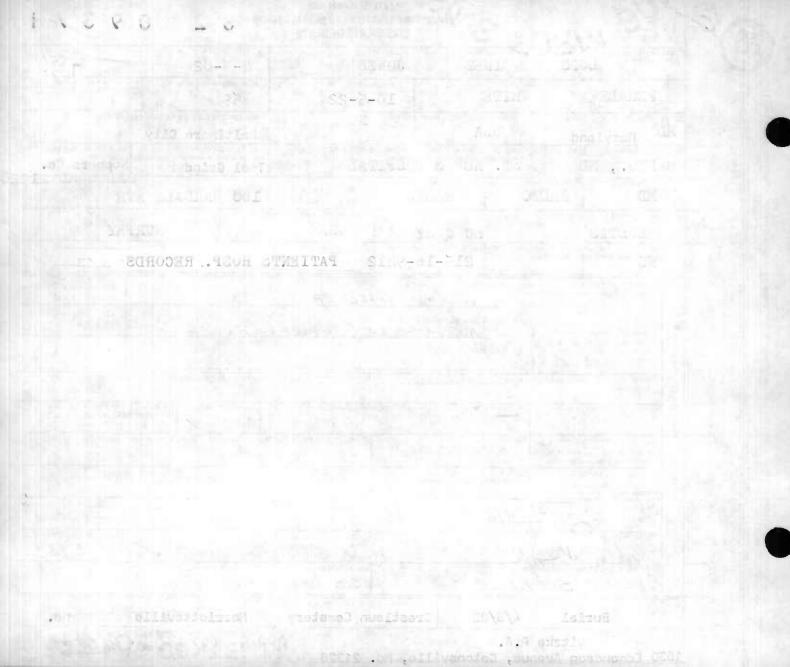
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Burial | 4/29/82 | Parkings Hosorial Park | provides, Harriand | Tymos Wheeler Reservit Home, Inc.

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	-		EASED NAME FIRST	WIDDLE	IASI		20 DATE OF		ONTH DAY		HOUR
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	bound y.	-	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TE	ERMINAL DISEAS	E OR CONDIT	TION GIVEN IN	PART 1(0)	
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PHYSICIAN: ending phys	0 5 0 -	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	H. LOCATION					
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DING or off	After these os the olth ond marked		AT WORK AT WORK			10/		10/	3/ 6		
7 -	OR: After Use os Health is marl		22a. I certify that (1) (this hospito	1) attended the deceased fro		19 19	ot	4/	195		(we) lost
R ATTER	2 0 0		sow the deceased alive an obove, (1) (we) (did) (did not)	view the body after death.	9 3 and	that in (fay (aur) opin	ian death accurre	d on the date	ond have and	tram the cou	ses stoted
- W	e to		22b. SIGNATURE		DE	GREE		- 3	2	2c. DATE SIC	NED
	detach detach late De		Chi	that_		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	NO	KII:	3/20
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	to FUNERAL D should be detac with the State D IMPORTANT: IF	-	7/1	VV 1+9 VII	¥		T CF	YION IV	11-0	F.//	/1-
1101			SPECIFY) OR THE SPECIFY			METERY OR CREMATO	CITY	ORTOWN	cou	NTY	STATE
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	15, 4)	W	w. C. March	F/H 11016	. Norti	h Ave	APR 15	1982	CAMES	0	

Carl Santair

	9	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 3 7 3 CERTIFICATE OF DEATH
deoth	1		CEASED NAME FIRST E OR PRINTS X 4 RACE	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR SONES M. S. DATE OF BIRTH 6 AGE (IN YARSLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 22 HRS.
X	10.	7a. B	FEMALE BL IRTHPLACE (SLATEORFOREIGN TO CITIZEN OF	WHAT COUNTRY? 8 - 9 BALTIMORE CITY OF COUNTY OF DEATH
	85 h		ITY OR TOWN OF DEATH II. NAME OF	MARRIED NEVER MARRIED BOOKED BOOKED DIVORCED BUSINESS OR CHEACHTIN, GIVE STREET ADDRESS) MARRIED NEVER MARRIED BOOKED BUSINESS OR CHEACHTIN, GIVE STREET ADDRESS) MARRIED NEVER MARRIED BOOKED BOOKED BOOKED BUSINESS OR CHEACHTIN, GIVE STREET ADDRESS)
old be filed	To se you	13a	DANTIHOTE FLAR ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE 136 COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS
ond 2 shor	Sommer States	14. F/	ATHERS NAME Charles MIDDLE	Balto YES NO 19/8 ANUALE ST. 15. MOTHER'S MAIDEN NAME MIDDLE CATISTA PAGE LAST L
s. Poges 1	e medicol		WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	2/8-26-6462 OTELIAM MACK 1910 MONROE STREET
ose remave carbanpo	other troumatic event		gove rise to immediate	RAS A CONSEQUENCE OF SIS RAS A CONSEQUENCE OF WELL BY
permit Then ple	Dwt any injury, or	CERTIFICATION	Onton	ONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO ITION FOR WHICH OPERATION WAS PRIFORMED IN. AUTOPSY IN. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES CIL. NO.
he buriol from ind Memory Hygi	gos her little	MEDICAL CER	19 ETHER NOTHY MEDICAL EXAMINER P. 214 PLACE	The second secon
ed for use as to of all Mealth a	em 21 is modes		WHILE AND	and that (implicit) opinion death occurred on the date and hour and from the causes stated
be detach e State Des	# T		11 1 11	STAFF ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D THE ADDRESS
should mith th	N N	73e.1	BURIAL CREMATION REMOVAL 1236 DATE	131 NAME OF CEMETERY OF CREMATORY 134 LOCATION

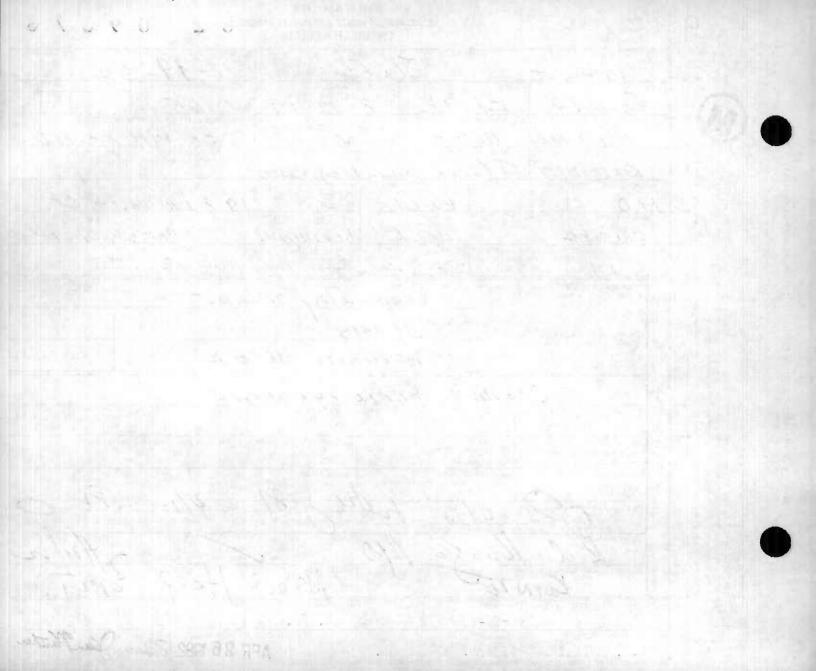
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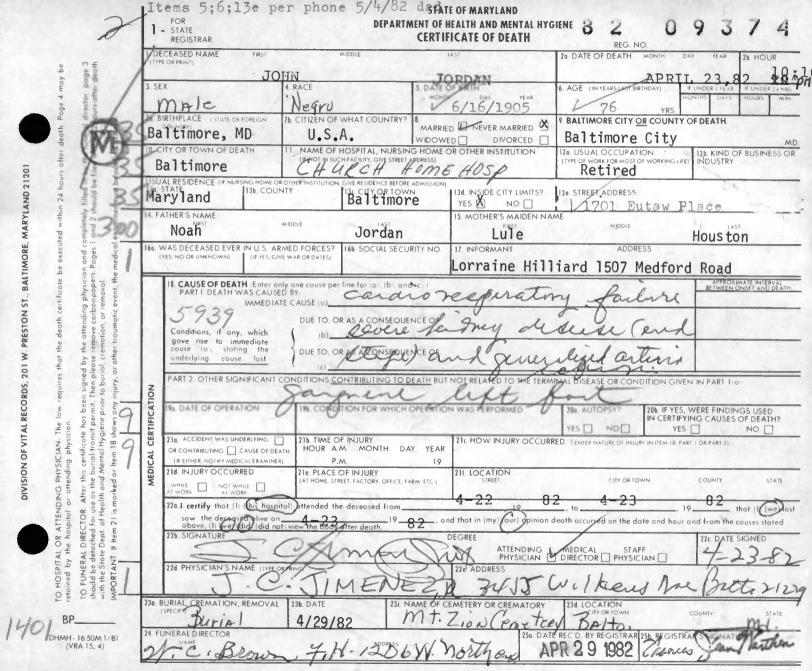
DHMH-16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or oftending physician.

E.T. PHILLIPS 1721 N. MONROE ST.

APR 26 1982 Trances Sun Mary LAND





(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE FIRST 2a. DATE OF DEATH YEAR 2h HOUR TYPE OR PRINTS RELIBEN H. JORDAN. 3. SEX RACE 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 5 DAY male black 1400 81 TO. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Va WIDOWED DIVORCED IX BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFET BALTONORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13h. COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 628 Willow Avenue YES X NOT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Abraham Jordan Hettie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 053-09-7663 Norine B. Scott 628 Willow Avenue APPROXIMATE INTE 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION ò 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAM 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Burial King Memorial Park Co Mo Balto 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 WillTiam C. March F/H 1101 E. North Avenue

S. S. aber Aufait Ferry die einer Savie TATTOR SELECTION SERVICES SERV

	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF CERTI	HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	2 REG. NO.	0 9	3	76
# M.G.		CEASED NAME FIRST ROBEY	7 L.	MIDDLE	-10	LAST C. C.	2a. DATE C		,	YEAR 82	HOUR / ZO
ta. pog after de	3 SE		4. RACE	2015	5. DATE		6. AGE (IN	YEARS LAST BIRTHDAY)	MONTH	DER 1 YEAR	HOURS MIN.
• M	1	RTHPLACE ISTATE OR FOREIGN COUNTRY OUT CAYSINA	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRII WIDOW	ED NEVER MARRIED DIVORCED DI		ORE CITY OR CO	UNITY OF D		MD.
201 insoft filed	10. C	Balto.	Key	CIYC	JRSING HOME STREET ADDRESS)	OR OTHER INSTITUTION HOSDICE		OCCUPATION RK FOR MOST OF WOR		b. KIND OF E	BUSINESS OR
AND 2 1: nn 24 hou filled in hould be	130. 3	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION MTY	130 CITY OR Balto	BEFORE ADMISSION) TOWN D.	13d. INSIDE CITY LIMITS? YES K NO .	13e. STREET	Argyle	Avenu	le	
marying market		Ther's name John	WIDDLE	Jones		15. MOTHER'S MAIDEN NA Rovena	ME	WIDDLE	McCr	ay tast	
ALTIMORE te be execusion and costs. Pages al. the medica		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES?	251-18	3-0007	Dorothy Mae	Jones	ADDRESS 900 A			
W. PRESTON ST., B at the death certificate the attending physise remove corbon paracremov, or removing the traumatic event.	,	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, Ç	OR AS A CONS	eatine Level	heart fail	Peire		0	exesal word	LECUS,
At RECORDS, 201 The law requires th tion. This been signed if the prior to burial town any injury, ar.	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF COMPUTED 190. DATE OF OPERATION	Nation	B	TO DEATH BUT	left leg	200 AUTO	DPSY? 20b.	N GIVEN IN IF YES, WER CERTIFYING YES	E FINDING	S USED F DEATH?
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi oftending physician. fiter this certificate has been sig as the burial-transit permit. Ther th and Mental Hygiene prior to be and a rem 18 shows any injury	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	HOUR A. P. 21e. PLACE		DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NA	CITY OR TOWN	EM 18 PART 1 OF		STATE
DIV DR ATTENDING hospital ar off hed far use as the tept. of Health a ltem 21 is market		WHIE NOT WHIE 21 WORK 220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	4.24	7.	C7 <9	nd that in (my) (aur) apinian	, ta death accurre	d an the date an		, ind	
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D IMPORTANT. If I		22d. PHYSICIAN'S NAME (TYPE OF	Cowor Charles	th (cole.	22e. ADDRESS	DIRECTOR	STAFF PHYSICIAN	-	4-20	6:82
17/13/20	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial				EMETERY OR CREMATORY	23d. LOC			dtv	STATE
DHMH-16 50M 1/81 (VRA 15, 4)	24. FU	INERAL DIRECTOR NAME Wm C March F/H	1101	7/11/2011	th Ave.			altimore EGISTRAR 255 P		Jan J	Withen

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

	REGISTRAR		CE	RTIFICATE OF DEAT	TH	REG. NO			N. N.
	1. DECEASED NAME FIRST (TYPE OR PRINT)		DDLE	LAST	2a. D/		MONTH DA	Y YEAR	26 HOUR
	SUS A	N	0	Tones			4-26	-82	4 95
	Female Female	4. RACE Whit		ATE OF BIRTH	VEAD	E (IN YEARS LAST BIRT	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Czech. 10. CITY OR TOWN OF DEATH		JSA WI	ARRIED NEVER MARR DOWEDXX DIVORCE DME OR OTHER INSTITUTE	RIED 7 BAI	Lto.	R COUNTY C		WI
0	Baltimore OSUAL RESIDENCE (HE NURSING HOME OF	Luthe	ran Hospit	tal	(TYPE	of work for most of Housewi	F WORKING LIFE)	INDUSTRY	BUSINESS OR
5	Md. 136 COUR		RESIDENCE BEFORE ADMIS 30 CITY OR TOWN Baltimore	13d. INSIDE CITY LI YES X NO		TREET ADDRESS 607 Per	nnsylva	ania Av	enue
10	14 FATHER'S NAME Unknown	MIDDLE	LAST	15 MOTHER'S MAI	known	MIDDLE		LAST	•
1	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? I E WAR OR DATES)	66 SOCIAL SECURITY 217 32 771		rown 4	ADDRE 1008 Fall			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE ATRIBUTING TO DEATH	OF	HE TERMINAL DI	ISEASE OR CONE	DITION GIVEN	IN PART 1(0)	
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITIO	on for which oper	ATION WAS PERFORMED	20o	AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING	F DEATH?
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF	MONTH DAY Y	19 211 LOCATION			Y IN ITEM 18 PART	(OR PART 2)	NO
	22k J Certify that (I) (this haspe saw the deceased alive ph above, (I) (we) (did no 22h, SIGNATURE	14/0	10 82	DEGREE ATTEN	DING MEDI	ICAL STAFF	F /		
	224 PHYSICIAN'S NAME THIS	Sacorio	· o	220 ADDRESS	CIAN DIREC	TOR PHYSICI	Ral	4. N	1d-
	230 BURIAL, CREMATION, REMOVAL (SPEC Burial	23h DATE 4/28/82		of CEMETERY OR CREMA		LOCATION CITY OR TOWN Brooklyn	Anne	Arundel	STATE Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Purgee Funeral Home 3631 Falls Road 21211

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 28 198

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	1.	FOR STATE REGISTRAR	_AST		DEPARTI		HEALTH AND M		8 2	(9 3	7 8
		CEASED NAME OF PRINTY OF P	WEC	- X.	J65	EPH	+		20. DATE OF DEATH	MONTH	DAY YEAR 5 82	330 M
	3 SE	X		4 RACE			OF BIRTH	VF A D	6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2		male		whi		5	30	12	69	YRS		MIN.
7 67	7a. Bi	RTHPLACE (STATE OR COUNTRY) Ohio	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?		D K NEVER MA		9 BALTIMORE CITY C	_		
10	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF H	IOSPITAL, NURSIN	WIDOWI		DRCED [Balti		City	MD BUSINESS OR
31		Baltimo	re	(IF NOT IN SUC	altimore	ADDRESS)			Plant Sup	OF WORKING L		
wer be		AL RESIDENCE (IF NUR	SING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CIT		13e. STREET ADDRESS		, oc. 11	7015
\$		ryland	Ba 1	timore				10 X	7 Liberty	Park	way	
- E	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S A	MAIDEN NAA	MIDDLE		1 LAST	
0.330		John			oravec		Sal	Lomena			Krisouc	
T medico		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17. INFORMAN		ADDR			
e e		no	<u></u>		216 01		Mrs.A	Inna M.	Moravec 7	Libe		
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n, ar motio		4310)	DUE TO, OF	AS A CONSEQUE	NCE OF	DDAI	LIENA	ORRHAGE	=	1 200	
trou		Conditions, if ony gave rise to imi		(b)	NIKAC	ERE	BRAL	MCM	ONKHHE			
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nlury, or o	NO	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE OR CON	IDITION GIV	VEN IN PART 1/a	
y injury, or	ATION	PART 2 OTHER SIGN	BRO	YASCL	PLAR	ACCI	DENT	po-	NAL DISEASE OR CON			
tor to burio by injury, or	IIFICATION	CERE	BRO	YASCL	LAR .	ACCI	DENT	po-	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?
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be oge 3		BURNAR		KAble		4	10 82	1131PM
0 00	3 SE	'na I	4 RACE	5. DATE OF BIRTH	YEAR	N YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
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with the second	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTE TREET ADDRESS I		AL OCCUPATION ORK FOR MOST OF WORKING	126. KIND OF I	BUSINESS OR
by the filed w		BALTO.	City Hos	oital	1	NTENANCE		TRUCTION
PRESTON ST., BALTIMORE, MARYLAND 21201 CAL EXAMINER he deoth certificate be executed within 24 hours of the ottending physicion and campletely filled in by smove carbon papers. Pages Lond 2 should be filled motion, or removal. Troumotic event, the medical examiner must be no	13a S	AL RESIDENCE (IF NUMBING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE INTO THE INSTITUTION GIVE RESIDENCE INTO THE INSTITUTION GIVE RESIDENCE INTO THE INTO		LIMITS? 13e. STREE	OB WH	ITE A	VE.
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DING or after After e os th		AT WORK		m April 10	82			
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DIVISION OF VITAL RECORDS. 201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, F MEDICAL EXAMINER ALONG WITH FORM PM 3. ED AS BURIAL TRANSIT PERMIT. PAGES 1 AND 2. HEAITH AND MENTAL HYGIENE, DIVISION OF WITH LL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION GIVEN IN PAI	RT 1 (a)					
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	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a.B	URIAL, CREMATIC	ON, REMOVAL 7	3b. DATE	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LOCATIO	N	3.	OUNTY		ATE
	BP	1	BUR	IAI	4/15/82	MALONE	S IIN	ITED METH			MD.		5	A15
1601		24. F	UNERAL DIRECTO				U UIY	25q. DATE F	REC'D. BY REGIS		REGISTR	SIGNA	11/	24.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 3 8 2 REG. NO.									
		CEASED NAME FIRST OR PRINT)	٨	NIDDLE		AST		2a. DATE OF	DEATH	MONTH			2b HOUR	
		MARY		Α.	KAF	WACKI				04	26	182		M
	3. SE	X	4. RACE		5. DATE (EAR	6 AGE (IN YE	EARS LAST BI	THDAY)	MONTHS.	R 1 YEAR DAYS	IF UNDER 24 H	IRS.
		Female	White		02/	06/05		1		77 YRS				
	(RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIE	ED 🗆	9. BALTIMO	RE CITY C	<u>)R</u> COUNT	Y OF DE	ATH		
		iloxi, Miss.	USA		WIDOWI			Baltimore						MD.
1			(IF NOT IN SUC	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	ON	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					BUSINESS	BUSINESS OR
1		altimore AL RESIDENCE (IF NURSING HOME O		Kilbride				Homem						
1	13a. S	STATE 13b COL		13c. CITY OR TOW	OWN 13d. INSIDE CITY LIMITS?			13e. STREET ADDRESS						
4		aryland		Baltimo	re	YES NO	319 I	mla S	tree	t				
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAID FIRST	DEN NAM	WE	WIDDIE			LAST		
1	_	ames	J.	Karwa		Anna	a		8					
	(Y		IVE WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT			ADDR					
	No	9		217-34-6	737	James Ka:	rwac	ki - 4	009 F	Claus	<u>imer</u>	Rd.	21236	>
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MANAGEMENT CAUSED BY:											NATE INTERVAL NSET AND DEA	тн
i		11590 IMMEDIA	ATE CAUSE (0)	in xoult.	relle	acc au	chri	rascu	Xa.	Susi	2200		Jean	Q.
0		Conditions, if any, which	DUE TO, OF	AS A CONSEQUE	NCE OF	o Br.	X	12.	.//	111		n		
		gove rise to immediate couse (a), stating the	(b)	(b) Cangosta Punt Jan						200	-	P		
		underlying couse lost.	DUE TO, OF	AS A CONCOUR	O-la	BUTTO	1/6	Tue	1			m	a.	
		PART 2. OTHER SIGNIFICANT	CONDITIONS		EATH BUT	NOT RELATED TO TH	IE TERMI	INAL DISEASE	OR CON	DITION GI	VEN IN P	ART 1(a	1	=
	O													
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1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110112	INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY O	OCCURRI	ED (ENTER NAT	URE OF INJU	RY IN ITEM 18	PART 1 OR F	ART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		۸.	19	6//	2							M.
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION	,		CITY OR TO	wn	cou	INTY	STATE	
4		AT WORK NOT WHILE AT WORK									115		714	
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		sow the deceased alive a obove, (I) (we) (did) (did n	not) view the bady	ofter deoth.		nd that in (m/) (aur) o	apinian d	death accurred	d an the d	ate and ha		-	-	
		22b. SIGNATURE	DEGREE ATTENDING					MEDICAL	STA	FF	224	DATES	IGNED /	2

23b. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY Stanislaus

22e. ADDRESS

23d. LOCATION
CITY OR TOWN
Baltimore

Mary land

Burial
24. FUNERAL DIRECTOR

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

Walter Dabrowski

04/29/82

1005 Dundalk Ave. 21224

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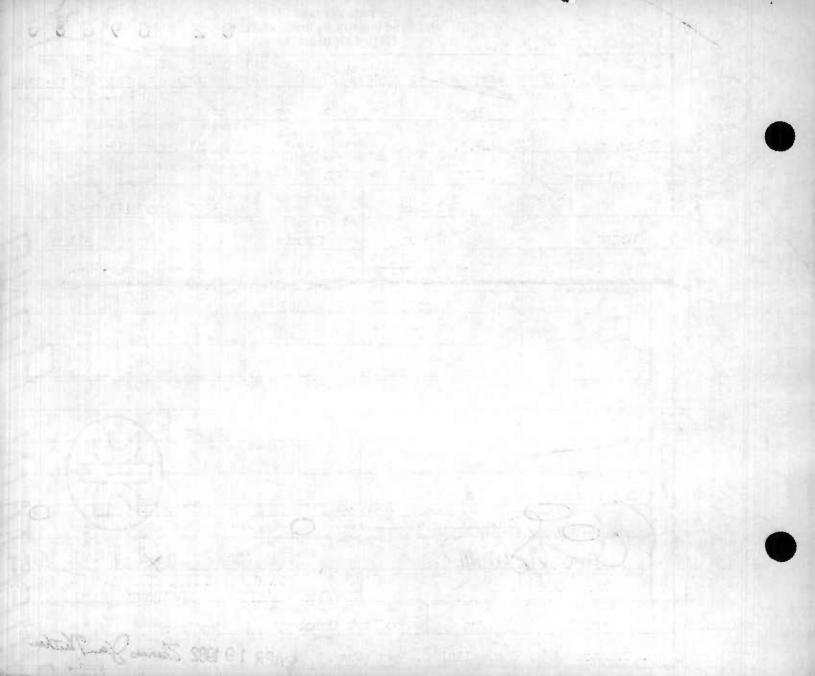
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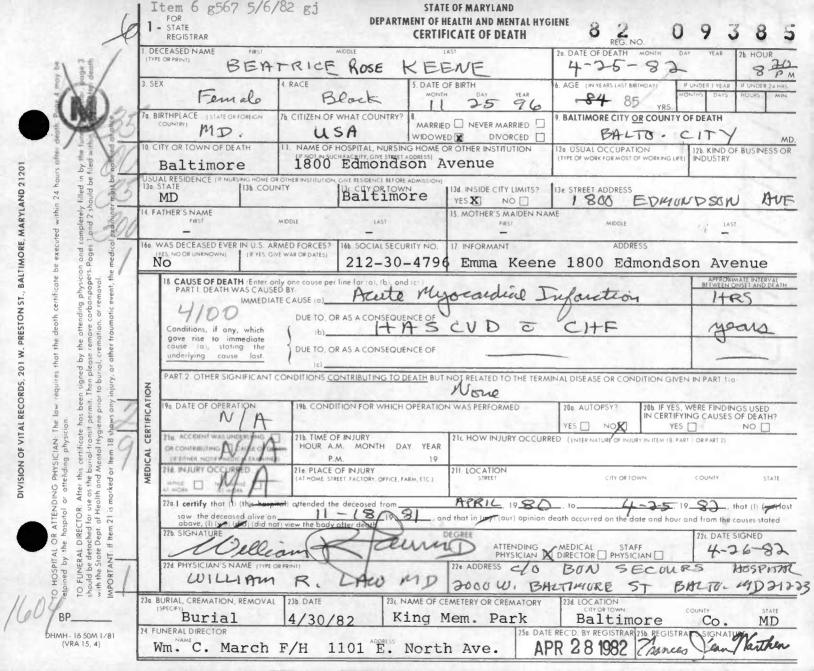
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welter embrowski 1005 bundalk Ave. 21224 APR 87 1989 From Co.

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		CEASED NAME FIRST		WIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
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	3 SE	(4. RACE		5 DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LAST B		NF UNDER 1 YE	AR IF UNDER 24 HRS			
		Female	Bl	.ack	2	3	27	55	YRS	MONTHS	TS HOURS MIN,			
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	4. FA	THER'S NAME	WIOOFE	LAST	4000	15. MOTHER'S MAIDEN NAM		ΛE		- 11/2				
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> 1	6a W	AS DECEASED EVER IN U.S	ARMED FORCES?		SECURITY NO.	17 INFORMAL	VI	ADDR	ESS					
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- [18 CAUSE OF DEATH (Enter PART), DEATH WAS CA	r only one couse pe							BETWE	OXIMATE INTERVAL EN ONSET AND DEATH			
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		Conditions, if any, which gove rise to immediate) , , , , , –											
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\dashv	CERTIFICATION	190 DATE OF OPERATION	19b CONE	DITION FOR WE	HICH OPERATIO	N WAS PERFOR	PMED	20n AUTOPSY?	206 IF Y	ES WEDE EIN	DINGS USED			
2	IFIC					YES NOW				206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
7	CER	21g. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJ						
		OR CONTRIBUTING CAUSE O		.M. MONTH	DAY YEAR									
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	2	MACHINE DISCHOLLE	(AT HOME, S	IREET, PACTORY OFF					16	600,411	STATE			
		2341 certify that The bin b		he deceased fro		RCH 26	. 19 82	APRI	LXXX	. 1982	, that (1) (we) ast			
	1	about the did did		g 16 y after death.	19 <u>82</u> , on	d that in (my	our) ppinion d	leath occurred on the c	ate and ha	out and from t	he causes stated			
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						BROADWA	Y BAL	TIMORE, MA						
2	3a. B	URIAL, CREMATION, REMO	531 6 S L 5 S		23c NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	STATE			
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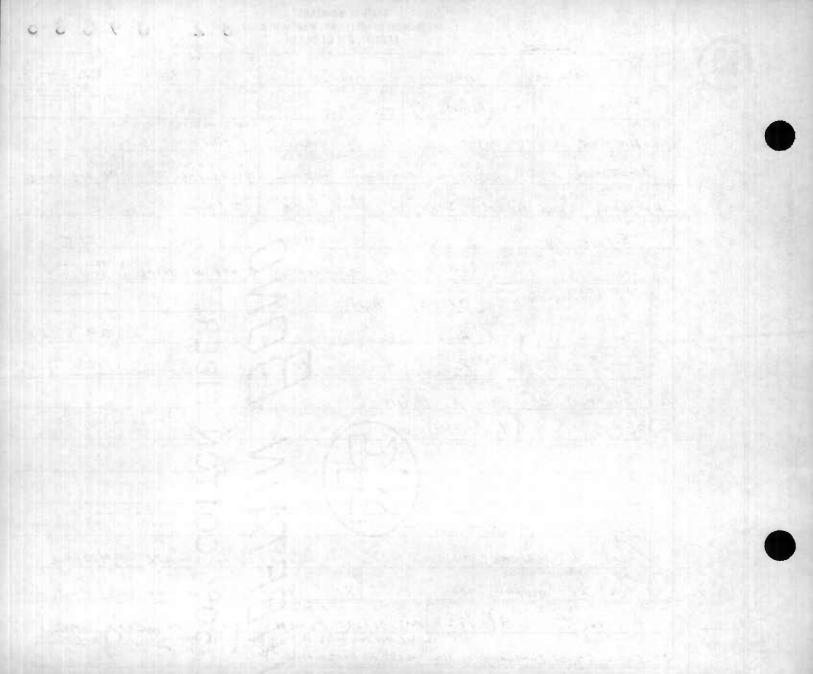




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No	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	•
D HOSPITAL OR ATTENDING PHYSICIAN: The latening by the hospital or attending physician.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mily and by the hospital or attending physician.	after death. Page 4 min
D FUNERAL DIRECTOR: Afte	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, and ledge to use as the burial-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filed within 72 hours offi	y the funeral director, and ed within 72 hours of

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CRA)		CEASED NAME	FIRST		MIDDLE	I.	AST	, 2	a. DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR	
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ING PA	×	WHILE NOT WHILE AT WORK	LE 🗌	(AT HOME, STE	REET, FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR T	DWN	COUNTY	STATE	
Or Or See of the second		220.1 certify that (1) (il) ottended th	e deceased from			9	, to	, 19	9, tl	hat (I) (we) last	
TTEN Pitol TOR For u		saw the deceased above, (1) (we) (di	d alive an_	viau the hadu	after death	, ar	d that in (my) (aur)	r) apinian de	ath accurred an the	date and haur	and from the c	auses stated	
R A hos hos hed hed ept.		226. SIGNATURE	a) (ala har)	//	uner deam.		DEGREE		7.3		22c. DATE S	IGNED	
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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR

INDUSTRY

YES [

BALTINGOLD MD 21

COUNTY

22c. DATE SIGNED

4/24/82

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MOTHERS

12b. KIND OF BUSINESS OR

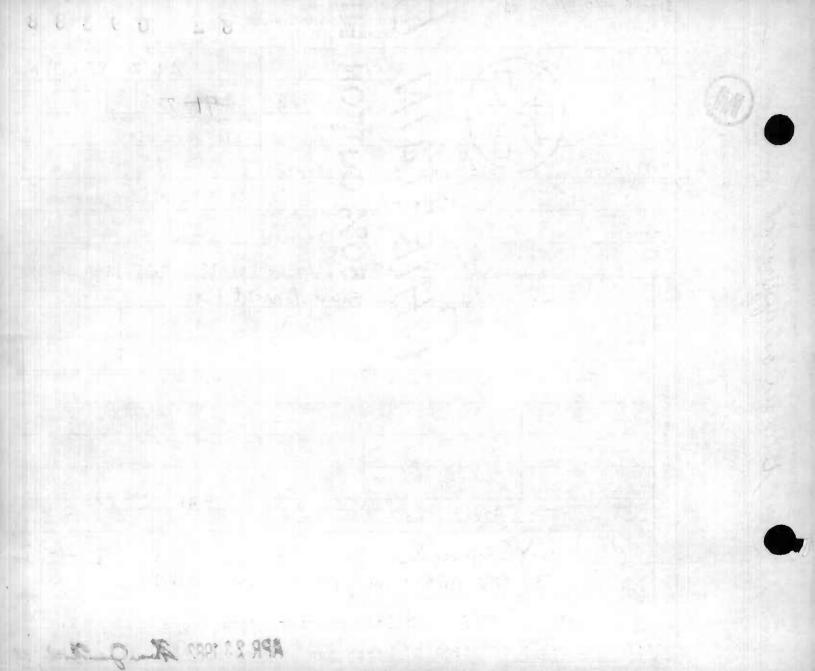
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See of the		AL RESIDENCE (IF NUR 10 1 2 60 0 5 TATE 1 1 2 60 0	OR OTHER INSTITUTION GIVE RESIDENCE 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMIT	S? 13° \$TBE5	5 N.	Milton	Avent	ıe e
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MORE STATES		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	SECURITY NO. 4-5045	17 INFORMANT Lillie H	Hunter	1305		on As	venue
ES, 201 W. PRESTON ST., BA quern that the death fryguil eigned by the attending, physic than please remove corbangage to buried, complied, or removed thus, or other traumodic event, it	NO	PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF		MEST .			APPROXIMATE I	NIERVAL AND DEATH
he law ian. The saw ian. The saw ian iane produces an	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUT		206. IF YES, WERE IN CERTIFYING C	CAUSES OF D	JSED EATH?
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OF TTENDIN The pital or DIRECTOR: Afi oched for use o Dept. of Health		22a I certify that (I) (this hosp saw the deceased alive an	(1-31	19 <u>82</u> ar	d that in (my) (aut) api			e and hour and fr	am the causes	s stated
TO HOSPITAL retained by the TO FUNERAL should be determined to with the State IMPORTANT:		22d. PHYSICIANIS NAME (TYPE OF	S. OSMAN	SKI, MC	22e. ADDRESS	OITY	HOSP			-86
083BP		BURIAL CREMATION, REMOVAL SPECIEV) BUrial UNERAL DIRECTOR	4/23/82		n Cemeter	3°, 7 CIT	timor	COUN		5M/d
DHMH - 16 50M 1/81 (VRA 15, 4)		lliam C. Mar	ch F/H 1101	E. Nor			1982	B. REGISTRAR'S	IGNATURE	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE KNOWN YEAR 2h HOUR (TYPE OR PRINT) ESTI-19 82 18 DEATH MATED X BERNARD KENNY 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 IF UNDER 24 HRS DATE 5:24° MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 1982 8 23 DEAD 18 58 Male White YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY W. Virginia FES 1, 2, AND 3 TO THE FUNCTION OF THE FUNCTION OF THE FUNCTION OF THE FUNCTION OF FUED, W. F. VITAL RECORDS, 201 W, P. WIDOWED USA DIVORCED Baltimore City IB CITY OR TOWN OF DEATH OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Schumaker Baltimore blk Thames St. (car) truck driver Zieler USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN Baltimore Maryland NO [] 1607 Dundalk Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, OF VIT MIDDLE LAST MIDDLE FIRST Marie GIVE PAGES Bernard unknown which-Kenny Sr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16h SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Maxine Kenny 1607 Dundalk Avenue Korean 215 16 4231 ves IIF MEDICAL EXAMINER ALONG WIL SED AS A BURIAL - TRANSIT PERMIT. P F HEATH AND MENTAL HYGIENE, DIV IAI, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIWORE, MARYLAND, 21201 PRIOR TO BURIAL, 28 AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4-18-82 SIGNATURE EXAMINER'S NAME Dixon. 111 Penn St., Balto., Md. 21201 Ann Μ. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY 4/22/82 Burial Oak Lawn Baltimore Md 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 250 EGISTRAR SIGNAL **DHMH-17** Walter Dabrowski 1005 Dundalk Avenue (VR A15 ME (5) 15M 2/80

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Alexander .

Schunzker truck driver Zieler

Maryland Balthore x 1607 midals venue

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yes Korean 215 lb 231 Maxime Kenny led/ Dundalk Avenue

Burial 4/22/82 Oak .a.m

Walter Dabrowski 1005 Dundalk Averue

APR 8 198 Am

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 4-1-82 DALE KERR 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Jan.10, 1961 21 white DEAD 4-1-82 male 7b. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City Balto, Maryland WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Baltimore City Hospital 2. AND 3 TO 3. RETAIN PA SHOULD BE F Machine Operater Shoe Mfg. OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? 53 Orville Road 21221 Baltimore Maryland Essex NO I 15. MOTHER'S MAIDEN NAME AAIDDLE MIDDLE Arthur Dunn Betty Jane Kerr 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 212 80 3693 Betty J. Kerr Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which USED AS A BURIAL - TRAN OF HEALTH AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAMD, 21201 PRIOR TO BURAL, YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR pedestrian struck by an automobile CONTRIBUTING CAUSE OF DEATH 21f LOCATION 210 PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) Eastern Blvd. & Penbroke Blvd. Batto. Maryland AT WORK NOT WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion ACTUAL DATE SIGNED 4-2-82 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Ebenezer Meth.Ch.Cemetery Baltimore County. 24 FUNERAL DIRECTOR Bruzdzinski Funeral Home PA 1407 Old Eastern Ave.App DHMH - 17 (VR A15 ME (5) 15M 2/80

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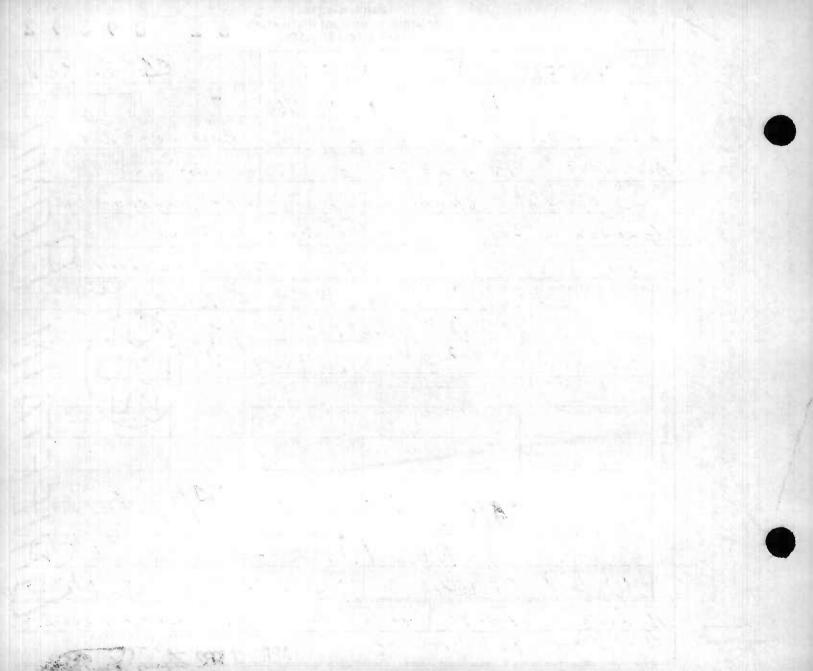
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

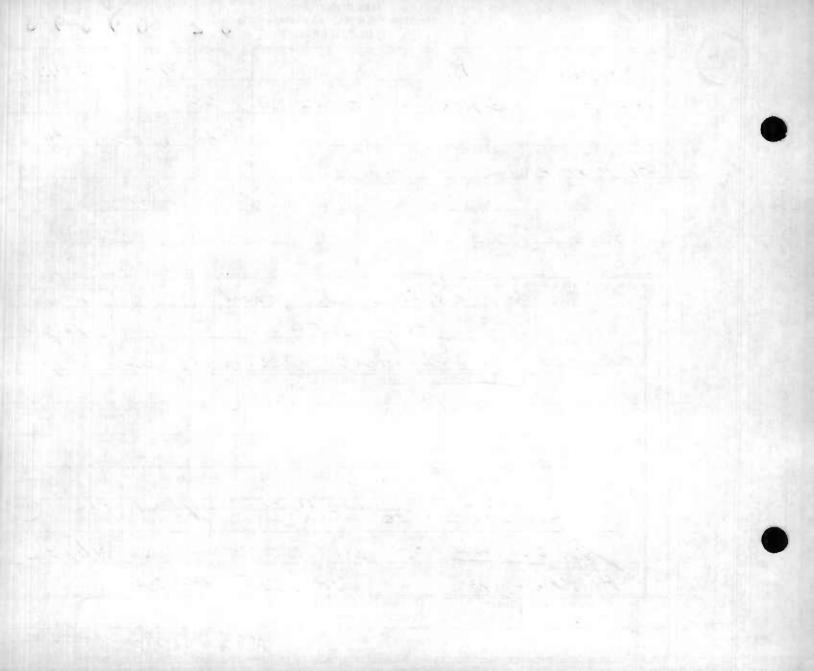
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	9	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE WIDOW	ED NEVER M	ARRIED ORCED	9 BALTIMORE CITY			4	MD.
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C	14 FA	THER'S NAME FIRST FORCE W	HESS	LAST		MAIDEN NAM	BROOF	KS.	LAS		
2		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? 16b. SOC E WAR OR DATES)	IAL SECURITY NO.	Blace		ADD 555 322	MARUS,	gwirer	e nd	
	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C		DISEQUENCE OF							
1	CERTIFICATION	19a DATE OF OPERATION	19E CONDITION FO		AHIWA SCORES		YES NO	IN CERTIFY YES		OF DEATH	1?
31	MEDICAL CE	21a. ACCEPTED WAS SHORESTING: OR CONSTRUCTION OF CAUSE OF DEA (IF ESTINES, ROCHE'S MEDICAL EXAMENSE 71d. INJURY OCCURRED WORL ROCHE AT WORL 27 WORL AT WORL 27 L certify that (I) (this hospil saw the described alive on above. (I) (wee) (shid) (did no 27th. SIGNATURE) 22d. PHYSICIAN'S NAME (1996)	TO MOUR A.M. MOINT P.M. The PLACE OF INJUR INT HOME STREEL FACTOR TO I OTHER DESIGNATION OF THE PLACE OF INJUR INT HOME STREEL FACTOR TO I OTHER DESIGNATION OF THE PLACE OF INJUR TO I WINN THE DESIGN OF THE PLACE OF INJUR TO I WINN THE DESIGN OF THE PLACE OF INJUR TO I WINN THE PLACE OF INJUR TO I	NTH DAY YEAR 19 NY OFFICE FARM ETC.)	rid that in (my) (our) opinion d	eoth occurred of the	date and hour	82		e) last
	23a. B	URIAL, CREMATION, REMOVAL	BELTRA 23h DATE		194 CEMETERY OR CI		23d. LOCATION	is si	, BA	170.	2124
	74 FL	WALLA CONTROL OF A	4.9.84	146	OLVAR			ARIZSH REGISTR		12 2 3	5
	- 2 -	when I and	638 h 911	roomson of		APR	7 4000	THE REGISTR	AR 3 3IGNAT	ONE.	

APR

DHMH-16 30M 2/80 (VRA 15, 4)



10	1	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL H	YGIENE 8	2 REG. NO	0	9 3	9 3
ERA)		CEASED NAME FIRST		WIDOLE		AST	20 DATE C			AY YEAR	26 HOUR
"规则"		Reube	N	D.	1	reys		4	1-1	-82	11:00AM
and the same of th	3 SE	X	4 RACE		5. DATE	DE BIRTH DAY YEAR	6 AGE (IN	YEARS LAST BIRTH		IF UNDER 1 YEAR	HOURS MIN
recto urs a		MALE	1321	ACK	0	3 22-04	7 -	78	YRS		1,00,00
2 holding		IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY	/? 8 MARRIE	D A NEVER MARRIED	9 BALTIM	ORE CITY OF	COUNTY	OF DEATH	
deo deo	10.0	Md ITY OR TOWN OF DEATH		ISA	WIDOW	DIVORCED	131	Ltin	1010	001	74 MD.
201 by the filled wife	1	BRITIMORE	Provi	dent Hos	pital	OR OTHER INSTITUTION		COCCUPATION		126 KIND C INDUSTRY)F BØSINESS OR
AND 217	130	Md	ME OR OTHER INSTITUTIO OUNTY	on, give residence been 13%. CITY OR TO Baltimor	WN	13d INSIDE CITY LIMITS?		address 6 Libe:	rty He	eights	
within within d 2 st		ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN I	VAME	MIDDLE		LAS	51
W substance of the state of the		Henry		Keys		Ida		49.71		Cliffo	
MORE,	16a (WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES?			17 INFORMANT	40.00	ADDRES			111
TIM be e		NO		215-07-	-1524	Florence Key	7s 3606	Liber	ty He		
BAL cate cate ioper avol. nt, th		18 CAUSE OF DEATH :Enter	er anly ane cause p	er line for (a), (b),	and ic	7	2 K			BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,			DIATE CAUSE (0)_	Karol	circus	revolvy I	men			15	un.
PRESTON ne death c emove cork mation, or		4292	DUE TO,	OR AS À CONSEO		1.					2
RES dec		Conditions, it ony, which		100	Mo	condition				-	See of
that the d by the ease rer oi, crem		couse (a), stating the underlying cause last	DUE TO.	Trelles	LENCE OF	too card	lis res	ulv ,	down	4 38) jeng
PRDS, 20 requires en signe Then pl or to burn rinjury, c	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disea	se or cond	ITION GIVE	N IN PART 10	51
NG PHYSICIAN: The low requirements of tending physicion. After this certificate has been signs the buriol-tronsit permit. They are though month in the product of the second or them 18 shows any injur orked or them 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
VITAL N.: The hysicion hysicion hysicion hygien hygien 18 shor	E.	21a. ACCIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH	DAV YEAR	21c HOW INJURY OCC	JRRED (ENTERN	ATURE OF INJURY	IN ITEM 18, PA	RT 1 OR PART 2)	
ON OF VIII HYSICIAN: ins certificat buriol-from Mental Hys or Item 18 s	CAL	OR CONTRIBUTING CAUSE O	DEATH	P.M.	19						
PHYS ending this d Me	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE	E FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
NG officer officer orke	1	AT WORK AT WORK			,						
No or		220.1 certify that (I) (this h	ospital attended	/	0 //	13 10 3 3	, to	/ Jen	7/1		that (I) (we) lost
R ATTE hospith IRECTO hed for tem 21		above, (1) (we) (did) (di	d not) view the boo	ly ofter death.			on death occurr	ed on the dot	te and haur		
OR he he		226. SIGNATURE	//	- le		DEGREE ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED
ITAL by the by the Store Store		22d. PHYSICIAN'S NAME T		-		PHYSICIAN 122e ADDRESS			THAN	7/1/	100
TO HOSPITA etoined by TO FUNERA should be de with the Stot		A. KII.	CANDI	2			Wi 1	tosp.	MAL		
E o ray &	23a.	BURIAL, CREMATION, REMO	400000000000000000000000000000000000000		NAME OF	EMETERY OR CREMATOR	Y 23d. LOC	ATION		COUNTY	STATE
5// BP		Burial	4/6	5/82 C	edar F	ill Cemeter		one Art	undel	Co	Md.
DHMH - 16 60M 1/75		UNERAL DIRECTOR		ADDRESS			ATEREC DAY	REFORM 2	Sb. DEGISTE	PARS S GNA	Votesclan
(VR A 15 (4))	M	illiam C. Mar	ch F/H 1	101 E. No	orth At	renue	שווין ש	1001		U	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEWTH REGISTRAR REG. NO DECEASED NAME KNOWN X 2a. DATE MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 29 Florian Kielian 4 1982 John 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. TIF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAYS PRONOUNCED :50P Male White 29 1982 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 5228 Darian_Avenue 13d. INSIDE GITY LIMITS? 136 COUNTY 4. FATHER'S NAME URS AFTER DEATH
18. GIVE PAGES 1
WITH FORM PM
IT. PAGES 1 AND
DIVISION OF VITE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CIAL SECURITY NO 7. INFORMAN ADDRESS 500 OR UNKNOWN) FIF YES, GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL PERMIT. MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY: Hang i no IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 4 CERTIFICATION ASI TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE A SHOULD BE FORWARDED TO THE CHIEF A TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIALI, C. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES XX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING XOR MEDICAL 29 CONTRIBUTING CAUSE OF DEATH 1882 Subject hanged self 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 5228 Balto Md. Darian Ave. home 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted from Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chie fMEDICAL EXAMINER 4/30/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto., MD. TYPE OR PRINT 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY COUNTY 25b REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 2/80

DHMH - 16 50M 1/81 (VRA 15, 4) FOR STATE

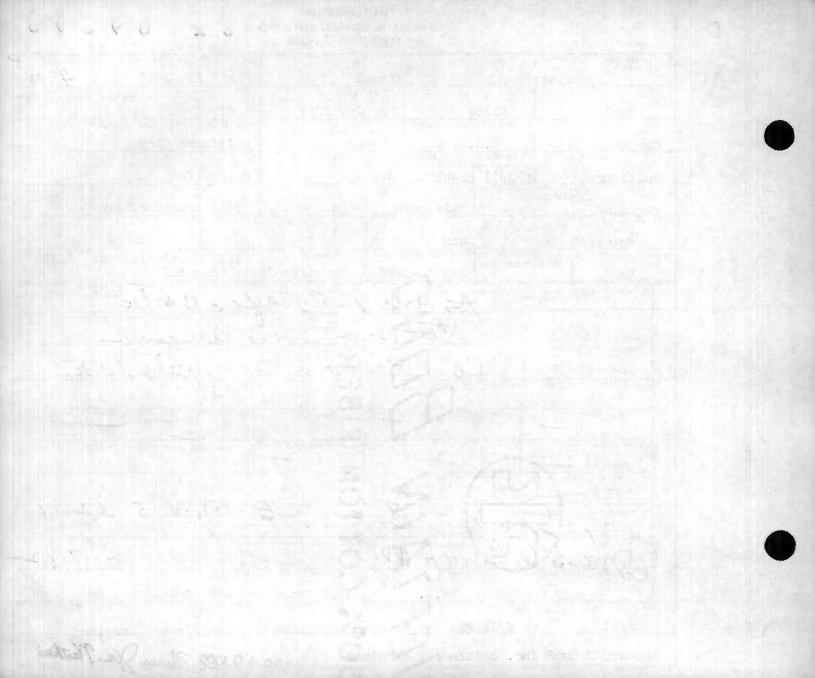
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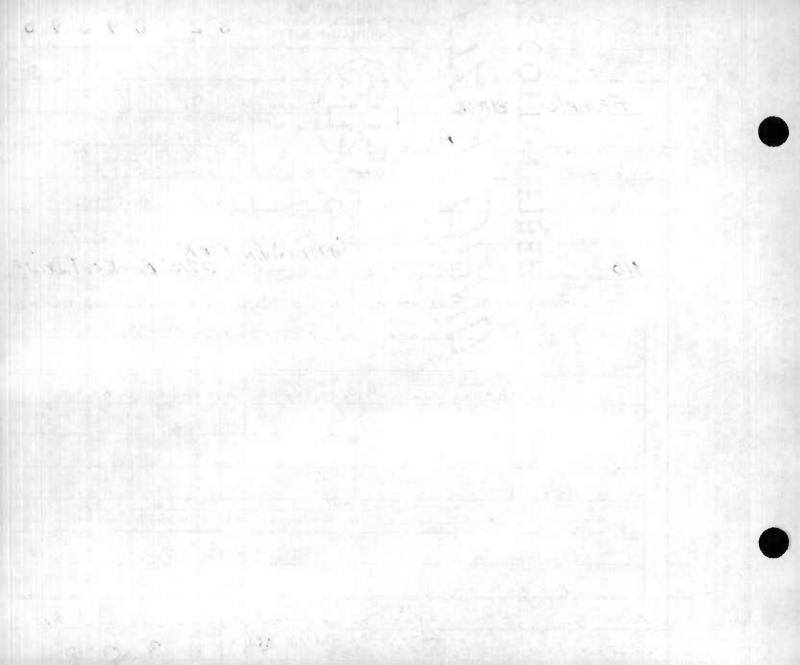
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

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		REGISTRAR			CLATH	ICATE OF DEATH	REG. NO.		
-5		CEASED NAME FIRST		MIDDLE	E All	AST	2a. DATE OF DEATH MONT	H DAY YEAR	26 HOUR -
	,	Margar	ete		Kimme	el .	April 15, 19	82	4:00 M
	3. SE	X	4. RACE		5. DATE (6 AGE (IN YEARS LAST BIRTHDAY	AR IF UNDER 24 HRS	
-3		FEmale	Whit	е		19, 1898	83	YRS DAY	S HOURS MIN.
200		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
1	G	ermany	U.S		WIDOW	DIVORCED	Baltimore Ci	ty	MD.
	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
U		Baltimore		Frankford			Housewife	11.0001	
	13a. S	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	37.1	
5		aryland		Baltimon	re	YES X NO	3811 Frankf	ord Ave	
	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MJDDLE	117	LAST
V		Heinrich		Kuhn		?		Henck	
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) [IF YES, G	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	6924 North		21220
		No		213-74-3	3445	Mrs Lieseld	otte Schattall		
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per	line for (a), (b) and	1151 /	000	1 - 00 10	APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
			ATE CAUSE (a)	XISA	w	2-lace	see von	le	
		4029	DUE TO, OI	R AS A PRISEQUE	NCE OF				
		Conditions, if any, which	(10_	Jun	PI	- Seves	e augs	ua	
		cause (a), stating the	DUE TO CH	S A CONSEQUE	NO OF	1-0	100		
	. W	underlying cause last.	1 10	47	Myce	east e	Juny wel	orlas	1
	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISTAS OR CONDITIO	N GIVEN IN PART	Ita
	ATION				1				
7	IFICA	IN. DATE OF OPERATION	- INS. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70n AUTOPSY? 20h.	ERTIFYING CAUS	HNOS USED
X	CERTI	21a. ACCIDENT WAS UNDERLYING. [7 21h TIME O	F NATIONS	1	Tat. How have a constant	YES NO NO	YES [№ □
9	100	OR CONTRIBUTING CAUSE OF DE	and the second s	M. MONTH DA	Y YEAR	TIC HOW INJURY OCCURS	ED. (ENTER HATURE OF HOUSE IN TO	WIR PART I CHEMINE	
	WEDICAL	THE INJURY OCCURRED			19	AND A SECURIOR ASSESSMENT			
	WED	A CONTRACTOR OF STREET	21s, PLACE C	DE INJURY EEL FACTORY, OFFICE, FA	NW.ETC.	211 LOCATION	CITY OR TOWN	COUNTY	E(A)E
	25	AT WORK AT WORK			041	,	2	-	, ,
		120.1 certify that (I) (this base saw the deceased alive a		deceased from	3/	6 76	· Clary	19 6	Charti (ve) lost
		phove (Ir (we) (did) (did)	of the body	affer death)		The state of the s	feath accurred on the date an	d hour and from th	e causes stated
	1	De a mil	10 111	100	MD	ATTENDING *	MEDICAL STAFF	11/04	ESIGNED
	1	JES STYSICIAN'S NAME (1719)	WIGOV	me Xol	R.F		MEDICAL STAFF DIRECTOR PHYSICIAN [17	1182
1		8		0		22e ADDRESS			
		Donald W					een Ave Balti	more, Md	
	23a 8	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	04.51	Burial	4/19/	82 1	Morel	and Mem Park	Baltimore	, Marula	nd
		UNERAL DIRECTOR	T	ADDRESS			E REC'D. BY REGISTRAR 25b. R		Nather "
		Leonard J Ruck	inc. Bal	timore, l	maryl.	and	1 9 1982 Bun	cas Jan	BALLOS
						14111		-	





		STATE OF MARYLAND	
	1 - STATE	EPARTMENT OF HEALTH AND MENTAL HYGIENE	09397
	REGISTRAR	DICAL EXAMINER'S CERTIFICATE OF DEATH REG.	NO.
	1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	MONTH DAY YEAR 76 HOUR
W .: 20.	(TYPE OR PRINT) THOMAS	OF ESTI-	
PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX 14 RACE IS. DATE OF BIRTH	111111111111111111111111111111111111111	- 7 11 19 02 M
Single	S. SEA SALE OF BIRTH	6. AGE (IN YEARS IF UNDER 1 YR, IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	7.15
S S S S S S S S S S S S S S S S S S S	Male White 12 20	50 3/ YRS. DEAD	4 11 1982 D M
阿里尔里斯	TA BIRTHPLACE (STATE OR 176, CITIZEN OF WH)	AT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CIT	Y OR COUNTY OF DEATH
A POPE A	Baltimore Md. U.S.A	WERENES D. SHORES D.	0:1
		PITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
(本語を)	(IF NOT IN SUCH FACI	ILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	
网 三	Baltimore Baltimore	e City Hospital Disabled	Laborer
D. 21201 IF ANY DEL 2. AND 3 TO 3. RETAIN SHOULD BE N. PECORDS	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 130, STATE 13b, COUNTY	13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
21201 AND AND AND AND AND AND AND AND AND AND	Maryland	Baltimore YES Ex NO 1 636 S. Savas	ce Street 21224
MD. H. H. 11, 2, 11, 2, 2, 50, 2, 51, 11, 4, 11, 11, 11, 11, 11, 11, 11, 11	14. FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
A FINANCIA	Archie Mason	Kirkland Ruth Adelene	(Mahadas)
S S S S S S S S S S S S S S S S S S S	160. WAS DECEASED EVER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO. 17. INFORMANT ADDRE	Webster ?
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY 118. GIVE PAGES 1, 2, AND G. WITH FORM PM 3. RETA WIT. PAGES 1 AND 2 SHOULE IE, DIVISION OF WITE PAGES IE	(YES, NO, OF UNKNOWN) (IF YES, GIVE WAR OR DATES)		
S AN GIV	No -	214-54-2864 Archie M. Kirkland 50,	التستعد فينطب كالبال المتاكن المسابق المتاكن
W.W.	18 CAUSE OF DEATH (Enter only one cause per line f PART I DEATH WAS CAUSED BY:	far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N N N N N N N N N N N N N N N N N N	IMMEDIATE CAUSE (a) SMC	oke inhalation	
STO ALCA ALCA ALCA ALCA ALCA ALCA ALCA ALC		AS A CONSEQUENCE OF	
NS THE WAY	Canditians, if any, which		
WING NEW NEW NEW NEW NEW NEW NEW NEW NEW NEW	gave rise to immediate (b)	AS A CONSEQUENCE OF	
WE SAN S	lying cause last.	AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WERS SHOULD BE USED AS A BURIAL - REANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(c)		
MA-Y BILL		UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S S S S S S S S S S S S S S S S S S S	196. DATE OF OPERATION 196 CONDITION 198 CON		
ULD HE HE	190. DATE OF OPERATION 196 CONDITI	ON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD ORD "PE CHIEF ME USED AT TO FHE USED AT TO F	Ĭ.		YES NO NO
FV WWO BE BE BE	210. EXTERNAL CAUSE WAS 216. TIME OF J	INJURY MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	
S ARTERIA	UNDERLYING OR HOUR X.X.Y CONTRIBUTING CAUSE OF DEATH 6:30 P.M.		
SOR TO	CONTRIBUTING CAUSE OF DEATH 6: 30 P.M.	4-11- 1982 House fire.	
Per September 1	STORET EACTO	DRY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVISION OF: THIS CERTIFICATE WRITING THE W WARDED TO THE PAGE 3 SHOULD E PAGE		ome 636 Savage St. Balto.	Md.
P. P	220. I certify that I taak charge of the remains descr	ribed abave, held an Autapsy , Inspection , Inquiry ,	and in my apinian
M S S D F S			7
A STATE OF THE STA	death resulted fram: Natural causes,		·
Z B B S S S S S S S S S S S S S S S S S	ACTUAL AMA (2	TITLE (SPECIFY)	DATE 4 12 02
S E E S E S E S E E	SIGNATURE	M.D. Assistant MEDICAL EXAMINER	SIGNED 4-12-82
MAN MAN	EXAMINER'S NAME AND INCOME	M.D. 111 Dans Ct. Dalte	Md 21201
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W FOR DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT.	(TYPE OR PRINT) Ann M. Dixon	, M.D. ADDRESS 111 Penn St., Balto)., Md. 21201
DAYATA	230. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
BP	Burial 4-15-82	Oak Laun Cometony Eastwood	Balta Ca MJ
11005	24. FUNERAL DIRECTOR		GISTRAR'S SIGNATURE
OHMH-17 (VR A15 ME (5))	C.S. Zeiler & Son Inc. 6224	4 Eastern Avenue APR 13 1982	and On Matthe
15M 2/80	Los Lewer a son Inc. 022	T (aszern Avenue Win 10 100 / /	P Palace March

indicates a second of the seco April 18 18 Indiana PER PERSONAL STORY OF THE PERSON OF THE PERS ration won to be a select while the The rest properties and the second se ... The contract of the contract of the 13 1982 Thomas Contract of FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
		CEASED NAME	FIRST	,	MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	TYPI	OR PRINT)	HERE	SA		KI	TKO		04-	52-05	2 35A.
	3 SE		, _ , _	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	Fe	emale		White	e	MONTH 5	1 1910	71	YRS	ONTHS DATS	HOURS MIN.
2		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
2		nio		U.	S.A.	WIDOWE		Baltimo	re Cit	H37	MD.
1	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
31	Ba	altimore	1		more Ci		ospital	Beautici		INDUSTRY	
1	USU.	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
S	Ma	ryland		imore	Edgeme		YES NO X	7527 Nor	th Po	int Po	5.2.6
	14 F	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	CII I O	LIIC NO	<u>Jau</u>
30		Alexande	r	MIDDLE	Hecko		Anna	WIDDLE		Stires	a lease
		VAS DECEASED EVER	IN U.S. AR		16b SOCIAL SECU	RITY NO.	17 INFORMANT	752.7DR	Marth	Point	Road
2	r r	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	277-32-	-8052	Joseph E.	Kitko).21219
		IL CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b), and		COBEPIT E.	RICRO	Darce		MATE INTERVAL
		PART I. DEATH W	AS CAUSE	D BY:	. 0	Ph.	MONARY 1	ARREST		DEIWEEN	NSET AND DEATH
		Winx	MMEDIA	4 6 7 7 7							
		Conditions, if ony,	which	DUE 10, OF	CORONSEOUE	IAR	1 occus	UON		LOG S	
	15	gove rise to improve couse (0), stoting	mediate)							
		underlying couse		DUE TO, OR	R AS A CONSEQUE	NCE OF				11.5	
		PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 110	
	O								0.110.1.01.2.		
1	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	TE			SEAL				YES NOT	IN CERTIFYI YES	ING CAUSES	OF DEATH?
1	E E	210. ACCIDENT WAS UND	-	216. TIME OF		V VE 18	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
1	AL	OR CONTRIBUTING (in -		Y YEAR	THE PLENT				
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-		sow the decease above, (1) (we) (c	ed olive on		20 19 Y	52. on	d that in (my) (our) opinion o	deoth occurred on the d	ote and hour c	and from the o	ouses stated
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DHMH - 16 50M 1/81 (VRA 15, 4)

(SPECIFY)
Burial

Holy

Rosary

23d LOCATION
CITY OF TOWN
Baltimore

7922 Wise Avenue Inc.
Dundalk, MD.

REGISTRAR 256 REGISTRAR'S SIGNATURE

THE PROPERTY OCCUPANTS TO SEE THE 135 - L. Spiner and Committee Care De 18-18-18 De 18-18-18 SAME SHEET THE BASE OF PREMIUM STATES OF THE STATES OF THE

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T TO		ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURS	SING HOME C	R OTHER INSTITU	NOITL		OCCUPATION				BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the degrace tringlence executed within 24 habits or attending physicion. When this certificate has been signed by the attending physician and completely filled in the ost the burnal-transit permit. Then please remove carbon papers. Pages I and 2 should be the notal Mental Hygiene prior to burnal, cremation, or removal. orked or item 18 shows any injury, or other traumont event, the medical examine must be on	130	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		Balti	ore admission) own more	13d INSIDE CITY YES X N	LIMITS?	13e. STREET / 702	ADDRESS Kevi	n Ro	ad		
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AL OR the hor the hor DIRE detacher of Depth of the horizonte Depth		22b. SIGNATURE	M Gilloc	TMD		DEGREE ATTE	ENDING	MEDICAL DIRECTOR [STAFF	Well .	22c. D	ATE S	IGNED 7/82
TO HOSPITAL retained by the TO FUNERAL should be deta with the Store		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	MO		22e ADDRESS	Tohn	= Hac	tine	Hoer	ita		1
or or with MP	23a. F	BURIAL, CREMATION, REMOVAL	23b. DATE	737	NAME OF C	EMETERY OR CRE	MATORY	123d. LOCA	TION	1105	1114		
OUL/BP		Burial	4/24/				Pk.		ottla	nd N	vec'k		N'AC.
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(VRA 15, 4)	W	m. C. March	F/H 11	01 E.	North	Ave.	APF	221	982 1/	unces	>	4	Militar

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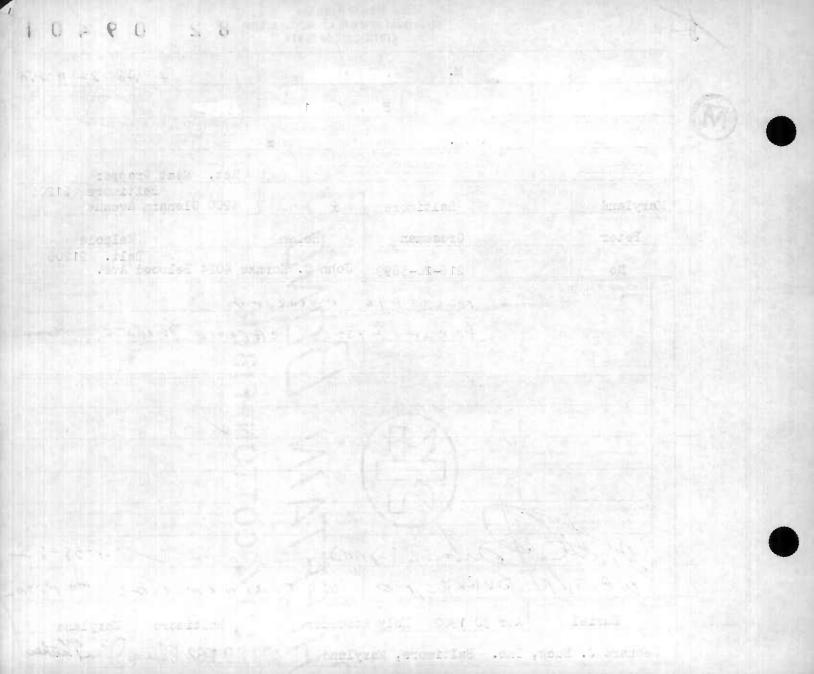
AND SERVED SERVE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached far use as the buriol-transit permit. Then please remave carbon popers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. MMORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 4 0 CERTIFICATE OF DEATH

1. DE					REG. N	0			
	CEASED NAME FIRST	WIDDLE	1	LAST	20 DATE OF DEATH		DAY YE	AR 2	b HOUR
(146	SHIRL	EY M.	KORN	IKE		4 :	18 8	2	11 1250
3. SE	X	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY}	IF UNDER 1	YEAR	IF UNDER 24 HRS
	Female	Whi te	Feb	. 26, 1927	55	YRS.	MONTHS	AYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O	R COUNTY	OF DEAT	Н	
	Maryland	U.S.A.	WIDOWE		BALTIMORE	CITY	THE		
	BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST UNION MEMO	RIAL HO	OR OTHER INSTITUTION OSPITAL	120 USUAL OCCUPATION OF COMMON TO THE COMMON		E) INDUS	TRY	BUSINESSO
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4 F	ATHER'S NAME FIRST Peter	MIDDLE LAST Gross		15. MOTHER'S MAIDEN NA FIRST Helen	ME MIDDLE	V	Valpo	last le	3
	WAS DECEASED EVER IN U.S. AR		ECURITY NO.	17 INFORMANT	ADDRE	CC _	alt.		206
(NO (IF YES, GIV	216-20	-5699	John C. Kor	nke 4024 Be			21	200
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Leonard J. Ruck, Inc. Baltimore, Maryland

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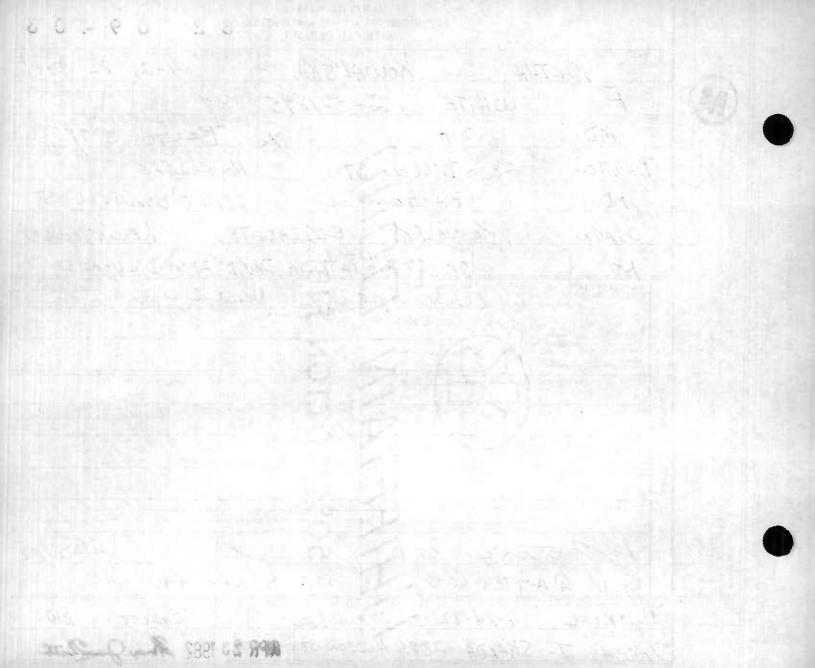
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

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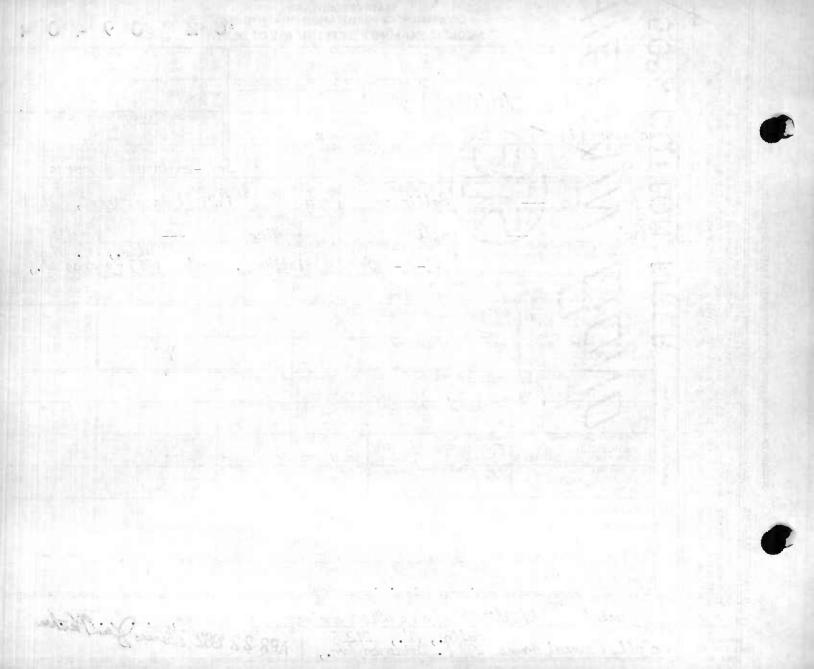


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR REG. NO I. DECEASED NAME KNOWNXX 20. DATE 76 HOUR TYPE OR PRINTI ESTI-OF Vincent Kozlik JRS AFTER DEATH. IF ANY DELAY'S NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 31 OF HET UNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGES 15 OF YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION OF VITAI PECORDS, 201 W. PRESTON STREET, DEATH MATED 1982 19 4 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 7:50 LAST BIRTHDAY) YEAR Male White DEAD 19 1982 70 BIRTHPLACE (STATE OR Th. CHIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED zechoslovakia WIDOWED DO Baltimore City DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS FORMOST OF WORKING LIFE) Self-employed OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 423 Elmtree Baltimore nocen USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? Baltimone anuland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Josephine Lack 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO TYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES no Manek UDREAM EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1IEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WI

FOR UNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - REMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI

BALTIMORE, MARYLAND, 21 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause fast. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION Blunt injury to head (fell) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING XX OR YEAR MEDICAL 19 82 19 CONTRIBUTING CAUSE OF DEATH subject drowned in bathtub 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK 1423 Elmtree, Baltimore, Maryland Home AT WORK Autapsy XX 220. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) Assistant DATE 4-20-82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY edan emeteru APR 22 1982 24. FUNERAL DIRECTOR ABasta., **DHMH - 17** (VR A15 ME (5) uneral Homes 15M2/80



	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 EO TO	१९५५ ५०० ५
oy be onge 3 death	(TYPE	CEASED NAME FIRST	MIDDLE	Kram	20 DATE OF DEATH MONTH	13/82 11:15 A
	1, 5E	MALE	4 RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 87. YRS	MONTHS DAYS HOURS MIN.
W RS		MD,	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	The second of th	City MC
1 11 10	B	TY OR TOWN OF DEATH	ST. AGARS	tospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETTRED)	126. KIND OF BUSINESS OR
BS BS	130.	STATE 136. COUN	other institution of residence before NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	325 Ticheste	er Ave.
11/130	2		ODLE LAST	15" MOTHER'S MAIDEN NA	AME DIE	LAST
Pages Pages		VAS DECEASED EVER IN U.S. AR. VES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 16 WAR OR DATES) 212-16-		ADDRESS 325 Ilchester	Ave
requires that the death centration is signed by the attending physics. Then please remove taither and injury, or other traumatic event, injury, or other traumatic event,	NON	PART I. DEATH WAS CAUSE IMMEDIAT Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c)	Mycordial M	M fad ctice	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
No. Sow.	CERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	,_ IN CER	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO \(\)
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ALOR ATTENDING the hospital or oth ALDRECTOR, After tended for use of the the Dept. of Health or T. If hem 21 is market.		22e.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 17) a start the	tal) attended the deceased Iram_	4/13 19.06	death occurred an the date and h	aur and Iram the causes stated
TO HOSPITA etamed by TO FUNER should be d		22d PH) STAN'S NAME (TYPE O	Lewis	St. Ag	ves lasp	ita/
BP	B	SPECIFY) ARIAL CREMATION, REMOVAL	23b. DATE 23c. N	ORRAINE P	123d LOCATION 14 BA CTO,	MO, STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	1	well, Chause	2617M	hesting & my	TE REC'D. BY REGISTRAR 25b. REG	STRAR'S SIGNATUR

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George J. Gonce 4001 Ritchie Hgwy

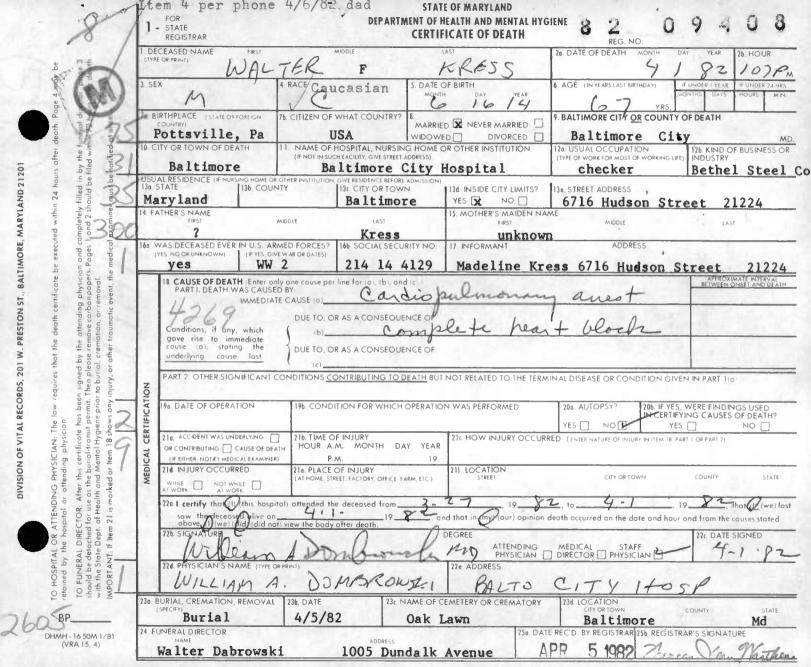
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 4	3. S	EX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
		MALE	WHI	TE Ő	4 10 1923	58	RS. MONTHS DAYS	HOURS MIN.
THE CALL	79,0	SIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY? 8.	HED NEVER MARRIED	9 BALTIMORE CITY OR COU		
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10 20	10 0	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOMI		12a USUAL OCCUPATION	126. KIND C	OF BUSINESS OR
om es &	3 E	BALTIMORE		s Hopkins	Hospital	Tile Setter	NG LIFE) INDUSTRY	
	13n	JAL RESIDENCE (IF NURSING HOME OF STATE 136, COL	OR OTHER INSTITUTION C	IVE RESIDENCE BEFORE ADMISSIO	٧)		779	
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五 有 多元 十一	14 F	ATHER'S NAME			15 MOTHER'S MAIDEN NA		DWAI	- 1-
10 1120	D	FRANK	MIDDLE	KROCHMAL	JOSEPHIN:	MIDDLE	SHOCSKI	.ST
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2 2 2 3 5		gave rise to immediate couse (0), stating the	DUE TO OR	AS A CONSEQUENCE OF	W-14-1-1		1.	
W To the		underlying cause last.	(c)	Pencardal 1	Adamorarceno	era	11 m	onth)
20 Trible		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	0'
SO of a solution	o N							
DIVISION OF VITAL RECORDS NG PHYSICIAN: The fow requirements of the physicion. After this certificate has been sited that buriol-tronsit per the buriol-tronsit per the ond Mental Hygiene performance of them 18 shows any minimal price.	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY? 20b. IF	F YES, WERE FINDI	NGS USED
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PHYS PHYS PHYS PHYS and in this of the burned and Med Med Med Med Med Med Med Med Med Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	FINJURY	211 LOCATION	CITY OR TOWN :	COUNTY	STATE
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ALDIN Para Affino Property Affino		220.1 certify that (1) (this hosp	oita) attended the	deceased from 3/	3 19 5 2	2 10 4/6	19.8-2	that (I) We Vast
TTEN pital TOR for u		saw the deceased alive a above, (I (we) did) did n	1 4/6	1982	and that in (my) our apinian	death accurred an the date and	haur and from the	causes stated
R A hos hos hed hed ept.		22b. SIGNATURE	1 1 1	mer death.	DEGREE		22c. DAVE	
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30/ BP		(SPECIFY) Removal	4/10/8		CEMETERT OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	24 F	UNERAL DIRECTOR	1,10/0		25a D.A	TE REC'D. BY REGISTRAR 256-800	CICTOAPTICAL	0%5
DHMH - 16 50M 1/B1 (VRA 15, 4)		Anatomy Board	Da	lto., Md.	ΔΡ	R 1 5 1982 M	me Jan!	Mar Ulan
		Miacolly Board	Dd	itto., Ma.	I MI	I/ T 0 1305 121	()	

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	1	FOR STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYG	IENE 8 2	0	9 4	1 1	
		CEASED NAME FIRST	MIDDLE		LÄST				AY YEAR	26 HOUR	
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	3 35	MALE	INDIAN	AP		8°2°	6. AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	HOURS MIN.	
35	IN BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRI WIDOW	ED NEVER MA	ARRIED A					
33		LTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE John Hopk	SING HOME EET ADDRESS) CINS	or other instit Hospita	UTION .	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST C			F BUSINESS OR	
3	ΜA	RYLAND BALT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TIMONIT		136 INSIDE CITY		13. STREET ADDRESS 115 COUR	NTRY]	LANE		
30		ASHOK	MIDDLE LAST KUMA R		15. MOTHER'S A	A	WIDDIE		RAMA		
2 medico		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	T	ADDRE	SS			
rinjury, ar other traumotic event,	TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO		INAL DISEASE OR CONI	DITION GIVE	N IN PART 1(d	»	
shows any	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORM	AED	20a AU OPSY?	WERE FINDINGS USED ING CAUSES OF DEATH?			
00		7]0. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18 PAR	R1 1 OR PART 2]		
marked or	MEDICAL	21d. INJURY OCCURRED WHILE OT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN *	COUNTY	STATE	
If Item 21 is mo		saw the deceased alive an	ital) ottended the deceased from	10	DEGREE	19.92- ur) opinion o	death occurred on the do				
IMPORTANT:	23a P	228 PHYSICIAN'S NAME (TYPE OF PROPERTY OF	D. REUTTISM		27e ADDRESS	YSICIAN Z	PKINS A	IAN	1/1/	162	
_	C	REMATION	123b. DAJE 4/2/82	Tohns	S HOPK	INS	BALTI	MORG	COUNTY	Mil	
1/81	r rl	INERAL DIRECTOR	ADDRESS			API		ham	ADSSIGNAT	Per Tun	

STATE OF MARYLAND FOR - STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

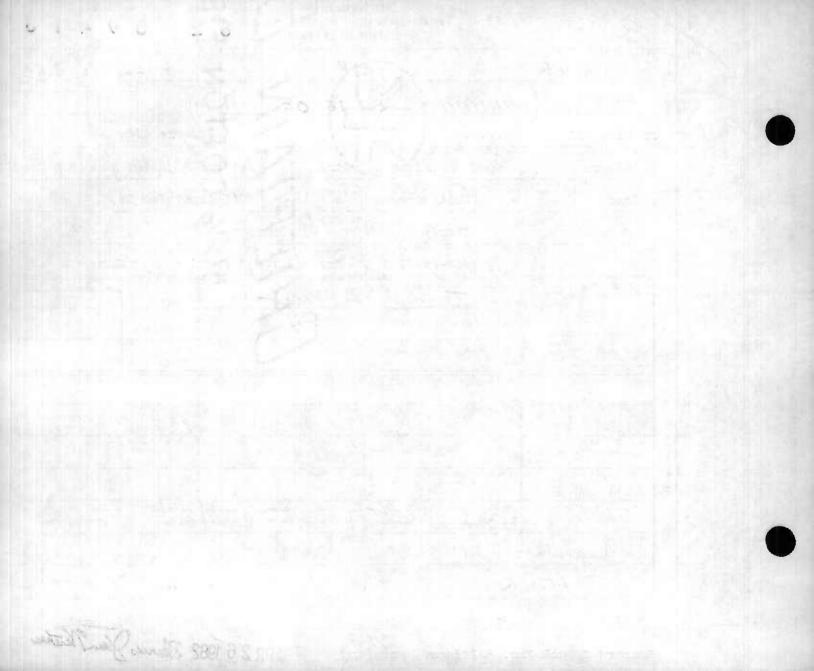
	ECEASED NAME V	ictoria	Apple Kunk	cel LAS	T .	20 DATE OF DEATH W	AONTA DA	YEAR	26 HOUR
1	2 17 -	DOR'A	A. Ku	NK	E		4-3	0-82	10 A
3. St	EX	4. RACE		S. DATE OF		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
	Female	White		March	13°1905°°	77	YRS MO	NIHS DAYS	HOURS MIN.
70 E	BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY?		- D	9. BALTIMORE CITY OR		F DEATH	
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	altimore		HOSPITAL, NURSING HEACHITY, GIVE STRUTE AND CIMOTE CIL		other institution spital	120 USUAL OCCUPATIO		126. KIND DE	BUSINESS OF
130	JAL RESIDENCE (IF NUMBERSTATE)	OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	27 1	34 INSIDE CITY LIMITS?	13e STREET ADDRESS 6 Branch	St.		
14 F	ATHER'S NAME	MIDDLE	LAST	1	5. MOTHER'S MAIDEN NAM			164-1	
	Matth		LASI		Bertha	Norcavage	Э	LAST	
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURIT	TY NO.	17 INFORMANT	ADDRES	S		
	No	(IF TES, GIVE WAR OR DATES)	215 42 7	7462	Clement C. K	unkel, Husba	and	Same	
	PART I. DEATH WA	Enter only one couse per S CAUSED BY. MMEDIATE CAUSE (a)	line for (a), (b), and (c)	0	ry Failure		4	APPROXIM BETWEEN O	AATE INTERVAL NSET AND DEATH
	11/07		R AS A CONSEQUENCE	CE OF	0				
	Conditions, if ony, or gove rise to imme cause (a), stating underlying cause	diote	R AS A CONSEQUENT			3 3 1			
		(c)			Melancha				
Z	PART 2 OTHER SIGNIF		ONTRIBUTING TO DEA	<u>ath</u> But N	OT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN	IN PART 110	
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CERTIFICATION			NO. TON WINDER OF	LINATION	YES NO YES O				
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	saw the deceased	his hospital) attended the dive on April 3 diverged the body	30 19 8	2, and	1882, 19 87 that in (my) (our) opinion o	to April 30 leath accurred on the dat	e and hour c	nd from the c	
	22b. SIGNATORE	mat	t		ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE S	SIGNED
	22d. PHYSICIA 1 AM	1	Lite.		Tahns Hapl	ens Hospit	al B	alt m	20
230.	BURIAL, CREMATION, RE	MOVAL ZIB DATE /8	2 Sacr	me of CEA	metery or crematory	Bal'timore	Co	Waty	STATE

DV 1407 Old Eastern Ave

Home

DHMH - 16 50M 1/81 (VRA 15, 4)

Victors A Kurley the second to the second the second terms of t STREET BURN HOUSE OF THE SECOND STREET 2007 Rome Can R 7007 Rome Can R 700



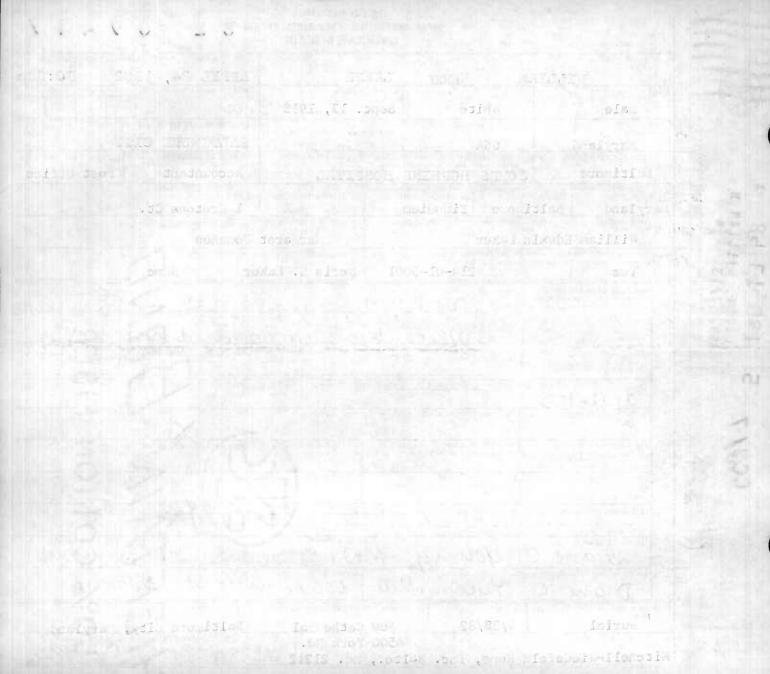
	١,	FOR STATE			DEPART		OF MARYL	AND MENTAL HY	SIENE Q		194	1 5
10	Ĺ	REGISTRAR					ICATE OF	DEATH		G. NO.		
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1	3. SE		4 1	RACE		5. DATE C	F BIRTH DAY	YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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		Md.			Balti	more	YES 🔯	NO 🗌	4913 W		Avenue	
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SUU		William			Lacer		I	Marv			C	ooney
medico		WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17 INFORM	ANT	A	DDRESS		
The me		no	WW]	II	213-05-	-5749	Mar:	ie Lac	ey (wif	e) san	ne addr	
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter only o	ne couse pe	r line for (o), (b), o	nd (c).					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ever		PARTI. DEATH W	IMMEDIATE C		Ser	sis			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 cont	ch.
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o lo				(c)		when		III white	4		139	w
101	Z	PART 2 OTHER SIGN	NIFICANT CON	ADITIONS C	ON I RIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN PART 10	a
ony ir	ATIC	190 DATE OF OPERA	ION	19h COND	ITION FOR WHICH	-I OPERATION	V WAS PERFO	ORMED	200 AUTOPSY	20h JE V	ES, WERE FINDIN	VGS HSED
5 C	IFIC									IN CER	TIFYING CAUSES	OF DEATH?
18 sho	CERTIFICATION	21a. ACCIDENT WAS UNE	DERLYING	21b. TIME C			21c HOW II	NJURY OCCUR	YES NO	_	YES DEPART 2)	ИО 🗌
9		OR CONTRIBUTING				DAY YEAR			,			
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		sow the decease above, (I) (we) (c			A		d that in (my		deoth occurred on			
		22b. SIGNATURE	lid) (did not) vi	iew the body	ofter deoth.		EGREE				22¢ DATE	
F		1	21.			LAAL		ATTENDING)	MEDICAL	STAFF	1/1	70/87
		22d. PHYSICIAN'S NA	ME (TYPE OR	nd)	-	001	22e ADDRE	PHYSICIAN SS	DIRECTOR P	HYSICIAN [171	MIOL
MPOKIAN			Ira M					ll Ban	k St.			
≥		BURIAL, CREMATION,	REMOVAL 2	3b. DATE	23c.	NAME OF C	METERY OR	CREMATORY	23d LOCATION		17/2/2/2/	
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В1	24 F	Schimunek	Fune	ral H			11/2	25a. DAT	E REC'D. BY REGIS		STRAY'S SIGNAT	IRE
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wanted the feet of 18 23 882 From Jourseless

DIVISION OF VITAL RECORDS, 201

MARKET THE REAL PROPERTY.

6	1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	0	9 4	17	
		EASED NAME F	IRST	MIDDLE		LAST			AY YEAR	26 HOUR	-
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(1971)	3. SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	(THDAY)	FUNDER I YEAR	IF UNDER 24 HR	
The state of the s		Male		nite	Sep	E. 13, 1913	68	YRS.	DATS	HOURS MIN	4.
1 1 35	7a. BIR	THPLACE (STATE OR FORE DUNTRY) Maryland	IGN 76 CITIZEN C	of what countr SA	RY? 8. MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OF	22.		,	MD.
. 133		yortown of DEATH Baltimore	NOT IN	OF HOSPITAL, NUR SUCH FACILITY, GIVE STR S HOPKI	REET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O ACCOUNTAL	F WORKING LIFE	INDUSTRY	Office	
Onin 24 Marian di Agino di Agi	130 S	1.0	ACTION OF OTHER INSTITUTE COUNTY Baltimore MIDDLE	136. CITY OR TO	NWC	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN N	13e. STREET ADDRESS 1 Crotons	a Ct.	IA		_
ecurby depolar local execution		William Ed	lwain Lake	er		Margare	t Donahue		LA	51	
IMORE IMORE		AS DECEASED EVER IN (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	U.S. ARMED FORCES FYES, GIVE WAR OR DATES			Doris E. La	ker S	Same	1		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law require that the chart, and include executes whin 24 himself the time estimate has been signed by the distinct on paper. Reges I and Schaull the thind Mental Hygiene prior to buriol, cremolithing it haven. It and Mental Hygiene prior to buriol, cremolithing it haven.	NOI	Conditions, if any, wi gave rise to immed cause (a), stoting underlying couse	DUE TO hich the last. (c)	OR AS A CONSEC	OS CLE DUENCE OF	J	CONCE T	SCASSION GIVE	5 10 I	ninut Jrs,	_ _ =
he lower her been to be	CERTIFICATION	9a DATE OF OPERATION	N 196. CON	ndition for whi	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDI		
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O HOSPITAL C eroined by the TO FUNERAL E should be detected with the State E		22d. PHYSICIAN'S NAME DIGNE	. 1	oung		22e ADDRESS 600 N.	MEDICAL STA □ DIRECTOR □ PHYSIC WOLFE ST.		hmen	e	2
55 - 25	23a Bt	JRIAL, CREMATION, REA			C. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
UUC BP		Burial	4/28	3/82		Cathedra1	Baltimore	City	Mary		
DHMH - 16 50M 1/B1 (VRA 15, 4)		NERAL DIRECTOR Chell-Wied	efeld Home	ADDRES		TOTK Ku.	APR 3 0 1982	256. REGISTR	AR'S SIGNA	W. Te	



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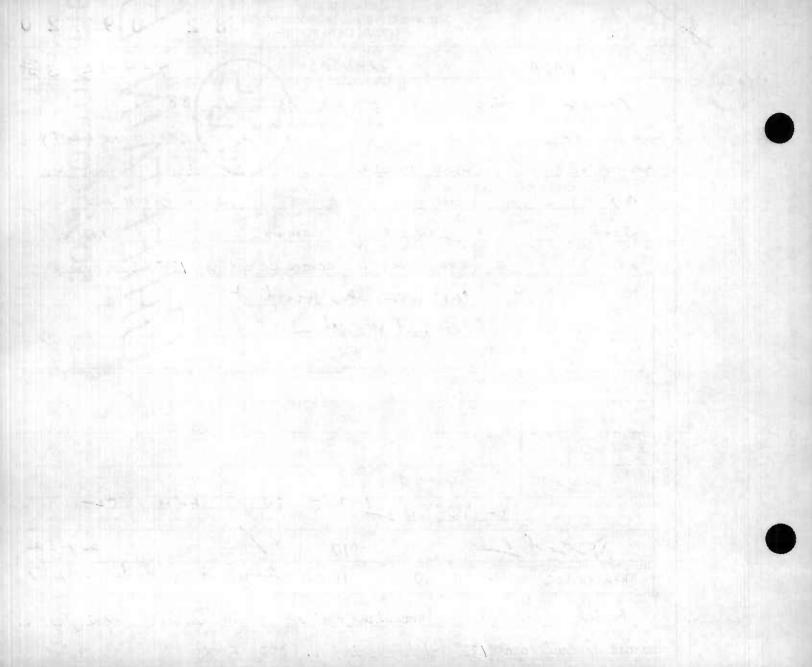
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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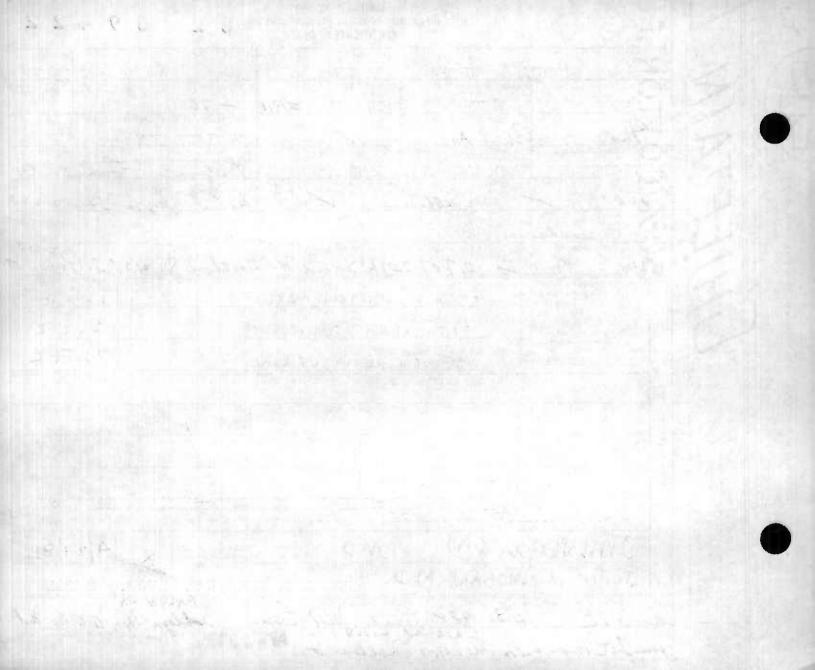
ted within 24 hours after death. Page 4 may be ampletely filled in by the funeral distriction on 2 should be filed within 72 hought ampletely examine forus? be notified bonce.	3. SEX FEMALE 70. BIRTHPLACE (STATE OR FO COUNTRY) HARRISBURC, V 10. CITY OR TOWN OF DEAT BALLIMORE USUAL RESIDENCE (IF NURSIN 130. STATE IN D. 14 FATHER'S NAME FRIST JOHN 160 WAS DECEASED EVER IT (YES. NO OR UNKNOWN) NO 18 CAUSE OF DEATH PART I. DEATH WAS	H 11. NAME OF H OR OTHER INSTITUTION MIDDLE	WHAT COUNTRY? E S. A. HOSPITAL, NURSING ICH FACILITY, GIVE STREET AD GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN BALTIMOR LAST LANDE 16b. SOCIAL SECURI 226-10-7	HOME OR OTHER IN: ORESSION 13d. INSIDE YES THE 15 MOTHER TY NO. 17 INFORM 108 Free	DEATH S YEAR 973 RMARRIED POWORCED STITUTION CITY LIMITS? NO POWORCED PRIST NO POWORCED TO MAKE PRIST NO POWORCED TO MAKE PRIST NO POWORCED TO MAKE PRIST POWORCED TO MAKE POWORCE	REG. NO. DATE OF DEATH AGE (IN YEARS LAST BIR) BALTIMORE CITY O BY OUSUAL OCCUPATION TYPE OF WORK FOR MOST O HOUSE WIFE SE STREET ADDRESS 1253	MONTH DAY 4-4- IMDAY) RECOUNTY OF D PLYIMOR ON 121 OF WORKING LIFE) IN 2- 45 IRCH	DAYS HOURS A DEATH DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAYS A DAYS DAY
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MED DR.T.	signed by the atter then pleose remaye ta burial, cremotion	loy, or offer figure	NO	Conditions, if any, gave rise to imm couse (a), stating underlying couse	ediate the last.	(c)_	SChen R AS A CONSEC	DUENCE OF			SPASE MAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)	175
AL RECORDS, NON-MI The law requir	t permit.	9	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORMED		20a AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN	NG CAUSES C	GS USED OF DEATH? NO
OF VIT	burial-transit pe			210 ACCIDENT WAS UNDER OR CONTRIBUTING CA	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
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REI TENDIN	TOR: After or use os of Health of	2		22a. I certify that (I) a saw the deceased above, All (we) (di				57	d that in (my) (our) or	SZ pinion de	oth occurred on the do	te and hour or		not (I) (we) last
TAL OR AT	Stote Dept. of Hem.			226. SIGNATURE	Mh	rler	ul d	C	DEGREE ATTENDI PHYSICI	ING _	MEDICAL STAP	F	22c. DATE S	
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	16 50M 1/8 A 15, 4)	1		UNERAL DIRECTOR E. L. PHILLI	PS 1	721 N.	MONROE		25	DATE F	PR 13 1982	256. REGISTRAF	R'S EIGNATU	Mathen

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P	1.	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	HYGIENE 8 2	9 4 2 2
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e A		MURRI	LL WILBER	LARSEN	. 4	26 82 12:30PM
e a la l	3 SE	x	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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a = 9	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COLIN	TY OF DEATH
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RE, Control	Ión V		RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	021213
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ALRECORDS, on require to be low required to be not spermit. They be read to be not	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF Y	YES ON THE PROPERTY OF THE PRO
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N N N N N N N N N N N N N N N N N N N			ital) attended the deceased from	April 19 , 19 82		, 19 82 , that (We flast
Spirto CTO CTO I for		sow the deceased alive on above, (Niwe) (did) (did)	April 26 19	82 , and that in XX (our) apin	nion death accurred on the date and h	our and from the causes stated
OR JOIRE		27h SIGNATURE	1100	DEGREE		224 DATE SIGNED
TAL Actor deto		JAMMAC	m vy		MEDICAL STAFF	42782
OSPI ned b Id be the Si		22d. PHYSICIAN'S NAME (TYPE O	WOGAN M	D 22e ADDRESS		
O HOSPIT TO FUNER should be a with the Str		201114 141.	AAAAKIO PI	3900 LOCH	RAVEN BLVD., BALT	ro., MD 21218
1002	23 a E	URIAL, CREMATION, REMOVAL	. 23b. DATE 23	NAME OF CEMETERY OR CREMATO	RY 23d. LOCATOBALYN	PK.
LO & BP	K	west	4-20-1982	sedan Hell to	m. Oscleya	Ha 419.60 hed-
DHMH - 16 50M 1/81 (VRA 15, 4)	74 FL	INERAL DIRECTOR	Low Inc. Gal	Holling St	PARE REC'S BISIS TRANSPARED	SINAPPSHONAPURE



	6.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL P	HYGIENE 8	REG. NO.	0 9	4	23
oth be	7	DECEASED NAME	FIRST	U	MIDDLE		AST	20. DATE	OF DEATH MON	VAD HTM	YEAR 2b	HOUR P.
Z 0 0			rancis)	Frank	Villiam		PF BIRTH	1.005.00	YEARS LAST BIRTHDA	1 902 Y) IF UNDER	D I VE A D IS	UNDER 24 HRS
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etely 2 st)	4 FATHER'S NAME		WIOOFE	LAST		15. MOTHER'S MAIDEN	NAME	WIDOLE		LAST	
and was	O	Willie	un		Latz		Anna			Klueb	er	
dical	1 1	60 WAS DECEASED E		MED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORMANT		ADDRESS			
n and c Poges		No	, , , , , , , , , , , , , , , , , , , ,		216-0	1-2170	Patricia L	Doyle	812 Mead	ow Road	2114	4
sicio pers ol.	F	18. CAUSE OF D	EATH (Enter or	nly one cause per	line for (o), (b	i, and (ci.)	,	e2 .	4	8.	APPROXIMA	TE INTERVAL SET AND DEATH
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ding physicions is certificate has burial-transit pe Mental Hygiene or them 18 shows	1	2)a. ACCIDENT WA	_	110110 1		5 VE 15	21c HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN	ITEM 18, PART 1 OR	PART 2)	
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OR: OR: or us f He		saw the dec	eased alive on	12/	23	Ph. 0 / 6	nd that in (my) (our) opin	nion death occu	rred on the date	and hour and fr		4.7
RECTOR: red for us pt of He em 21 is		obove, (I) (w		nt) view the body	ofter deoth.		DEGREE			22	c. DATE SIG	GNED
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		30 BURIAL, CREMATI	ON, REMOVAL	23b. DATE	_ 0	23c. NAME OF C	EMETERY OR CREMATO	RY 23d. LC	CATION TY OR TOWN	COUNTY		STATE
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DHMH - 16 50M 1/B1 (VRA 15, 4)

					STAT	E OF MARYLAND			- P	150000
	1 -	FOR STATE REGISTRAR		DEPARTM	CERTIF	EALTH AND MENTAL HYG	REG. N		9 4	2 4
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		Female	White	e	Sept	E. 26, 1909	72	YRS.		TOURS MIN.
1		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	Egono73
7	M	aryland	U.S.	.A.	WIDOWI		Baltimore	City		MD
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5	13a S	AL RESIDENCE (IF NURSING STATE ryland	HOME OR OTHER INSTITUTION. COUNTY	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Baltimore	DMISSION)	138 INSIDE CITY LIMITS? YES NO	13° STREET ADDRESS 1427 Meric	lene Di	rive, 2	21239
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		VAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE	P.O. I	3ox 155	
		No	FIES, GIVE WAR OR DATES)	212-03-24	434	Mrs. Barbara	G. Wilder,	Forest	t, Virg	ginia
	TION	PART 2. OTHER SIGNIFI	cant Conditions		ATH BUT	NOT RELATED TO THE TERM				
7	CERTIFICATION	190. DATE OF OPERATIO		TION FOR WHICH C	PERATIC	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
7		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL I	SE OF DEATH HOUR A.	M. MONTH DAY	YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e. PLACE (OF INJURY BET, FACTORY, OFFICE, FAR	RM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a. I certify that (I) (the saw the deceased a above, (I)	slive on	decyclised from	`2	nd that in (my) () apinion (death accurred on the de	ste and hour		
		The SIGNATURE	Es 10h	Journ	Me	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FE CIAN [22c. DATE	SIGNED
			F. O'Donne			7501 York R	d. Towson,	Mar yl	and 212	204
	23a B	BURIAL, CREMATION, REA	23b. DATE 4-21-8			cemetery or crematory od Cemetery	Parkville	e, Mar	yland	STATE
		onard J. Ru	ck, Inc. 530	5 Harford	Rd.	Balto.Md. APR	21 1987	25b. REGISTR	PAR'S SIGNAT	URE Ukm

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R. C.	0000	icol		VAS DECEASED EVER		AED FORCES		CIAL SECUE	RITY NO.	17 INFORM	ANT		ADDI	RESS	7/10			
W .		med		No	(IF YES, GIVE	WAR OR DATE:		-10-2	2175	Mrs	. Kathr	yn S.	Law	lor,	5 D	alec	rest	Ct.
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2			STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 4 2 0
	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
noy be poge 3	ALBERT	4 -	LAWRENCE	4/1	6/82 12.10A
ge 4 mor	FEMALE	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY 13 49	6 AGE (IN YEARS LAST BIRTHDAY) 82 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
1496	70 BIRTHPLACE (STATE OF FOREIGN	U. S. A.	MARRIED ☐ NEVER MARRIED → WIDOWED ☐ DIVORCED ☐	9. BALTIMORE CITY OR COUNTY BALTIMORE C	
(M)/9	BALTIMOLE CITY	NORTH-EHARLES	feneral 1408 PITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF DOMESTIC	126 KIND OF BUSINESS OF INDUSTRY Pvt.—Famil
in 24 hor ly filled by should by	13a. STATE 13b C	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORD UNITY 13c. CITY OR TO BALTIMORE BALTIM	VES YES NO [130 STREET ADDRESS 4613 PARK HE	EIGHTS AV.
impletely and 2 sh examine	14 FATHER'S NAME David	MIDDLE Lawrence	e Adina	MIDDLE	John's on
Poges 1	160 WAS DECEASED EVER IN U.S. (1855 NO OR UNKNOWN) (HE YE	ARMED FORCES? 16b. SOCIAL SEC 5, GIVE WAR OR DATES) 093 267		ADDRESS TLES HOSPITAL'S	CHART APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death is dea	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	PRACT INFECTION,	<i>π</i>	& MONTHS
r require		HEART BLOCK	ON PELMANSAT PA	CEMAKER	S, WERE FINDINGS USED
N. The law system.	LONGLETE. 190 DATE OF OPERATION 1 13/82 210. ACCIDENT WAS UNDERLYIN	RIGHT TROCHA	NTERIC ULCER	YES NOW YE	YING CAUSES OF DEATH?
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TEN Itol Or us or us	saw the deceased aliv above, (1) (we) (did) (d	aspital 19 code the deceased from the on 19 code of the bady after death.	, and that in (my) (our) opinion	death accurred on the date and hou	
TAL OR AT y the hosp RAL DIRECT deroched fi tote Dept. o	226. SIGNATURE	1 Way Lum	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/6/42
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State E IMPORTANT: IF	22d. PHYSICIAN'S NAME (V	NOLTH CHA	rus General	HOSPITAL
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DHMH-16 30M 2/80 (VRA 15, 4)	HOUSERT ENTT	TIMURE ADDRESS ADDRESS 3	The last of the la	R 8 1982	On Heather

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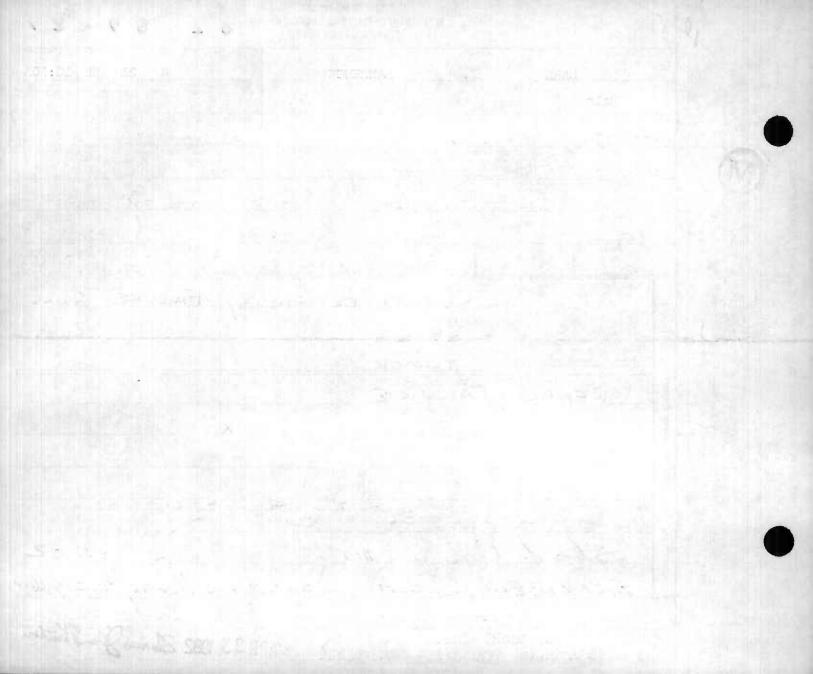
Dundalk,

MD. 21222

STATE

7922 Wise Avenue

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN T (TYPE OR PRINT) ESTI-DEATH MATED LEE RAY AWSON 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 3 H94F LAST BIRTHDAY YEAR PRONOUNCED white male 7,1939 42 YRS DEAD May 4-15-829 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. Va. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Priver OR INDUSTRY Taxi Baltimore Baltimore City Hospital USUAL RESIDENCE (IF IN NURSING, OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Baltimore 13d INSIDE CITY LIMITS? 13e-STREET ADDRESS Glenwood Rd. Md. YESTA. NO P 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lawson Shifflett Willie Dorothy Lawson Tien 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 230-48-6949 Borothy S. Lawson No 1B CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Shotgun wound to neck with injuries of face and Conditions, if onv. which (b) head gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES V NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUT AM MONTH DAY YEAR UNDERLYING XXOR subject shot 4-15-82 CONTRIBUTING CAUSE OF DEATH 21d INITIRY OCCURRED TIE PLACE OF INILIRY 21 LOCATION Essex, Maryland STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 1218 Sugarwood street 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Homicide X death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE 4--15-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street ADDRESS. AE OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d location ottes vi Pulve, Va. STATE Burial BP_ 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAMS SIGNALURE. **DHMH-17** (VR A15 ME (5)) 15M 2/80

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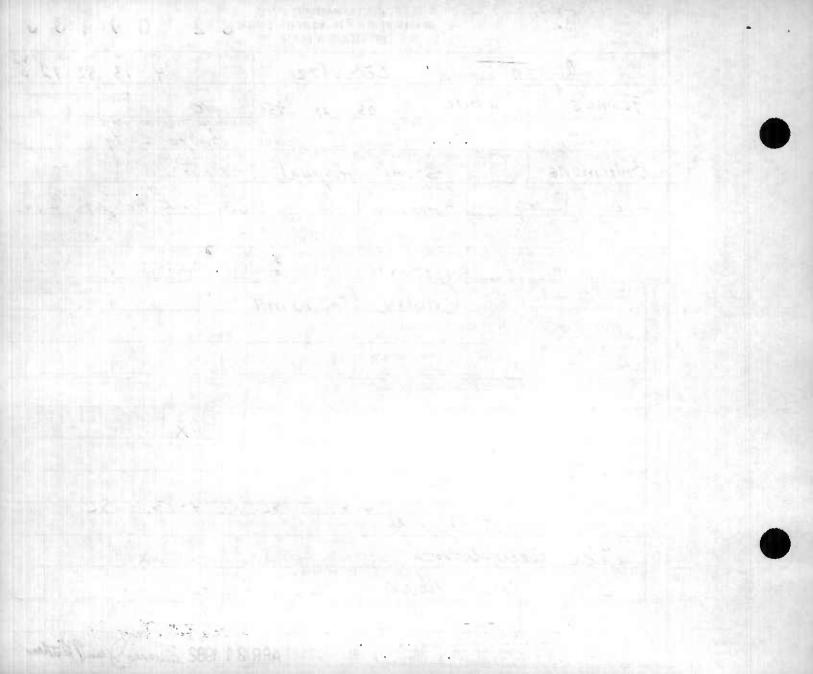
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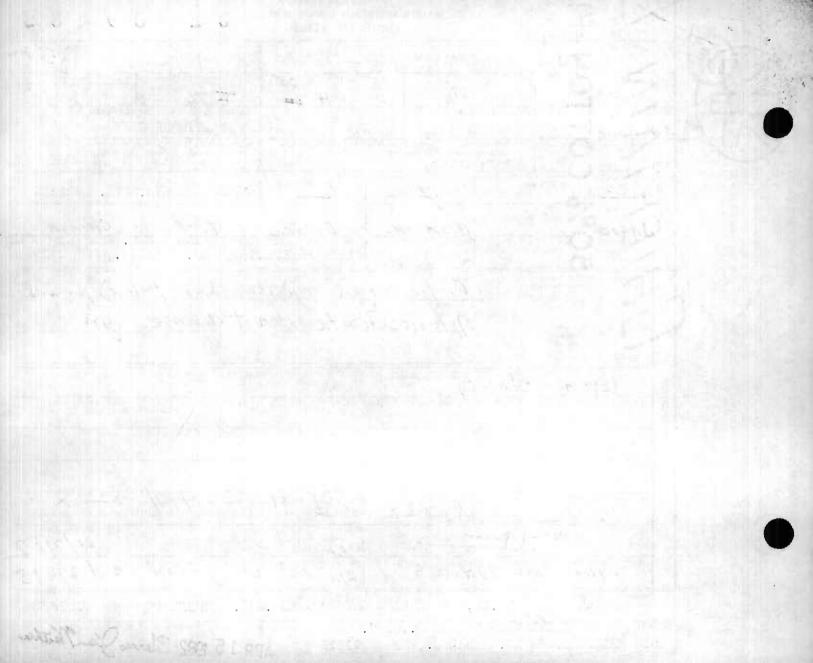
	1	Item #1, G-568,				
18	1	FOR Gbj. STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 PEG. NO.	9 4 3 3
y be		CEASED NAME FIRST	ACUSTA MIDDLE AUGUSTA	LEBOVITZ	20. DATE OF DEATH MONTH	13 82 12 PN
age 4 mo	3 SE	TEMALE	White	5. DATE OF BIRTH MONTH DAY 9:28 03 21 85	AGE (IN YEARS LAST BIRTHDAY) YR	
death. Po		IRTHPLACE (STATE OR FOREIGN OUNTRY MARYLAND	76 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED L	BAIto. C	
201 rs ofter of filed with		BALLI MORE	(IF NOT IN SUCH FACILITY, GIVE STE	VAI HOSPITAL	120 USUAL OCCUPATION (119PE CHOUSEWEE FEORKING	G LIFE) 1726 KIND OF BUSINESS OR AT HOME
AND 2120		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	V	TOOR YES XX NO	6317 PK.H	
MARYLA ompletely ond 2 sho	14 F.	MAX	ARONS		WIDOLE	SAMUELSON
BALTIMORE, M. ote be executed sition and comp ppers. Pages 1 or vol. t, the medical ex		VAS DECEASED EVER IN U.S. ARI YESNOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE WAR OR DATES) 215-03		JACK BASCANDRESS DRO RD., LOUISVII	LLE, KY 40222
201 W. PRESTON ST., BALT ss that the death certificate be ted by the ottending physicia please remove carbon papers arrol, cremation, or removal. , or other traumatic event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) MMEDIAT	D BY: E CAUSE (b) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c)	DUENCE OF		APPROXIVANTE INTERVAL BETWEEN ONSELAND DEATH
TAL RECORDS, The low require sicion. Ithe hos been sign nost permit. Then ygiene prior to but shows any injury	CERTIFICATION	190 DATE OF OPERATION		O DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
> Z & 0 0 I 8	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	18, PART † OR PART 2)
VISIO G PH G PH of the and ked of	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	2) f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN tospital or of ECTOR: Aft ed for use os ot. of Health		22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	4-13 19	0.7	on death accurred on the date and l	, 19 , that (I) (we) lost hour and from the couses stated
PITAL OR by the F IERAL DIR Store Deg ANT: If Ite		22d PHYSICIAN'S NAME (TYPE OF	RELIGIONS	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE STONED
TO HOSPITAL Oretoined by the should be detacted with the State Dimportant: if	12.	Elio	RAU/ Nou	10A SINAI	HOSPITAL	
740BP		BURIAL CREMATION, REMOVAL SPECIFY) BURIAL	4-16-82	NAME OF CEMETERY OR CREMATOR ARLINGTON (CHIZUK	AMILIO) BALTO	COUNTY STATE MD
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR SOL L NAME 6010 REISTE	EVINSON & BROS RSTOWN RD., BA	., INC. LTO., MD 21215 AF		ISTRAR'S SIGNALIA



DHMH - 16 50M 1/81 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0 9	4	3 4
		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
		JONAT	HAN C	2	EE	0	14 12	82	9.25 1
	I SE		ORIENTAL	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		···		11	10 81		YRS. 5	2	
5	. 81	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY	* MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF D	EATH	
2		BALTI MOKE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE UNIVERS	ING HOME (120 USUAL OCCUPATION		b. KIND OI IDUSTRY	F BUSINESS OR
5		STATE / THE COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	LICRE	57	DR
1	14 FA	ATHER'S NAME FIRST BEYAN	LAST LEE		15 MOTHER'S MAIDEN NAME FIRST	WE		HUAST	ANG
2		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE	MED FORCES? 16b SOCIAL SEC	URITY NO.	Bryan Lee 1	336 Hills			
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF TRANSPORTED TO CONTRIBUTING TO	UENCE OF		INAL DISEASE OR COND	DITION GIVEN IN		
2	CERTIFICATI	4- 12-82	TRANSPOSITA		THE GREAT VESSER		20b. IF YES, WER IN CERTIFYING YES	CAUSES	
7	ICAL CE	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM IS PART I O	R PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TOW	/N CC	OUNTY	STATE
		22a.1 certify that (1) this hospite sow the deceased alive an above. (1) (we) (did) (did not) 22b. S IGN 100 to 1	4-12 19	82.0	nd that in (my) our opinion of DEGREE ATTENDING PHYSICIAN		te and hour and t	from the c	
	7	22d, PHYSIZIAN'S NAME (TYPE OR SERGIO	TA VAKES		22e ADDRESS	it Hr	spit.	1	
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13100101 Larvadale Court White Larvadale Court, Frederick, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE rand that in (my) (our) opinion death occurred on the date and hour and from the causes stated HOSP Mt. Olivet Cemetery Frederick Frederick Md.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF LINDER I YEAR

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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23e.B	URIAL, CREMATIC	ON, REMOVAL 23	Ib. DATE	23c. N	IAME OF CEM		R CREMATORY	230	LOCATION CITY OR TOWN		600		199	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X MONTH LITYPE OR PRINT ESTI-Edna E. Lewis DEATH MATED 1982 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED Black 10:40 Female 1891 90 YRS DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED WIDOWED TO DIVORCED Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTIN WITH CT SHOULD BE FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Provident Hospital Beautician Beauty Shop USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 4403 Norfolk Ave. 130. STATE Baltimore 13b. COUNTY 13d. INSIDE CITY LIMITS? Maryland NO Baltimore . Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John LAST PAGES I AND DIVISION OF VIT FIRST Purvey Lavenia Jahnson 160. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANTBaltimore. 16b. SOCIAL SECURITY NO ADDRESS Md . (YES, NO, OR UNKNOWN) 220-30-6865 NO Mrs. Joan Green 4403 Norfolk Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 ED AS A I CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? DEPARTMENT OF PRIOR TO BURN YES | NO [X SHOULD BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK CITY OR TOWN STATE X22a. I certify that I taak charge of the remains described above, held on Autapsy and in my apinion deoth resulted fram: Notural causes Undetermined manner TO FUNERAL DIR TITLE (SPECIFY) ACTUAL SIGNATURE Assistant DATE 4-26-82 SIGNED EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial Western Star Cemetery Baltimore City, Maryland BP 24 FUNERAL DIRECTOR PR 28 1982 **DHMH-17** ECRECT E. NUTTER FUNCIAL HOME 3035 W. NORTH AVE (VR A15 ME (5) 15M 2/80

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AND 212	filled in hould be	13o. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	OTHER INSTITUTION GI		ADMISSION)	13d. INSIDE CITY LIA YES 🔀 NO [AITS? 13e.5	STREET ADDRESS	/ I h da	le R	d.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	hat the death certificate by the attending physic sse remove carbonpape i, cremation, or removal. other traumatic event, it		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ich part I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Conditions, stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Couse (b) DUE TO, OR AS A CONSEQUENCE OF Couse (c) DUE TO, OR AS A CONSEQUENCE OF Couse (c)										
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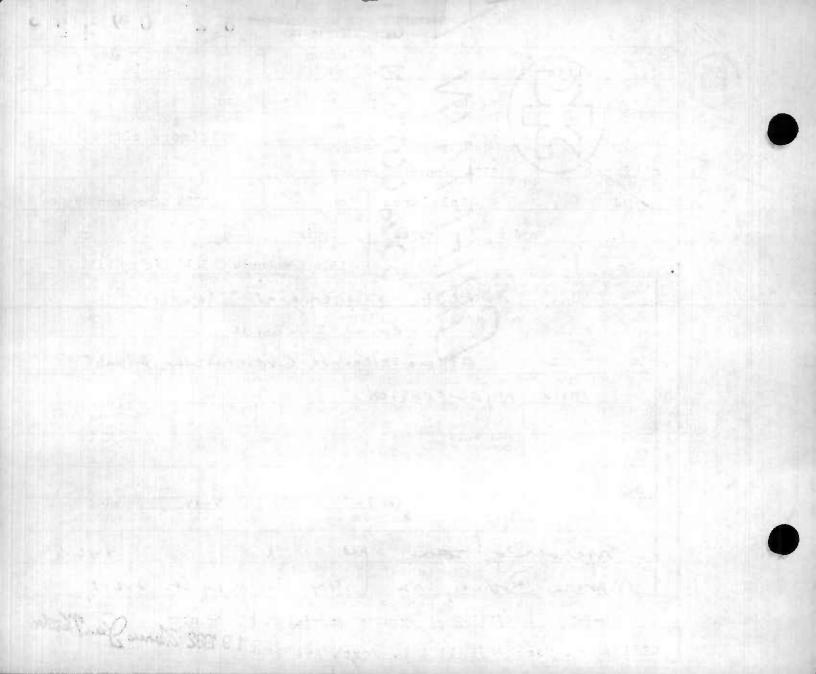
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME LAST 2n DATE OF DEATH (TYPE OR PRINT) DOROTHY T., LIMPERT 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Jan. 10, 1913 Female White 69 TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED BALTIMORE CITY DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE MEMORIAL HOSPITAL Baltimore City Ret. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Balt. 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore YES T 3709 Bayonne Ave. NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alfred Lang A. Ernestine W. Yost 17022 DDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT Elizabethtown, Pa. Bruce R. Limpert No 213-01-4281 9 Meadow Brook Lane APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY HYPOTENSION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BOSSOING Conditions, if gry, which PROBHEE gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PROBABLE PANCHEATIC CARCINOMINTOUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION PONATREMIA CAROULOPATHY ASPIRATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71 . ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN STATE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from. saw the deceased alive on. , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (L)(we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MAS MPORTANT PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b PATRICIA WALSH UNION MEMORIAL HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23h DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial Apr 27 1982 Meadowridge Memorial Dorsev 24 FUNERAL DIRECTOR BY REGISTRAR 251 REGISTR DHMH - 16 50M 1/81 APR 26 1982 Courses Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

To the state of th nd:- .ma. 10, 1915 TO A CONTRACT OF THE PARTY OF T Salts ... Balts. ... A Million of the Control of th Sect | I have still sent sent | I have the 170022 215 215 EDG11 Maria - 1-42, 1 121, -11-2201 | Propert | Prop construction and through Prophers and The St. 1982 E. weren Island Santamone South Company is the control of the control

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ovol.		18 CAUSE OF DEATH (Enter	only one couse per line f	or (a), (b), and (c).)		•	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
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otic		41111	DUE TO, OR AS	A CONSEQUENCE OF				Section 19
roum		Canditions, if any, which	((b)	Arteri	Al Embi	2010		SHAR
remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF				90-0
or of		underlying cause last			erotic Car			
ory.	z	PART 2 OTHER SIGNIFICAN			,	MINAL DISEASE OR CO	NDITION GIVEN IN PAR	T 1101
y inju	CERTIFICATION	Mila	N Hype	- Fension				
à 50	FICA	190. DATE OF OPERATION	19b. COMDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	VDINGS USED USES OF DEATH?
show	RTI	21a. ACCIDENT WAS UNDERLYING				YES NO	YES	NO 🗌
80		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	NJURY IN ITEM 18 PART T OR PART	2)
Te Te	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI		19				
o pa	MEC	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF IN	JURY CTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR	TOWN COUNTY	Y STATE
orked		AT WORK		, ,				
ı sı		270 I certify that (I) (this has saw the deceased olive	43 . 4 . 4	67.1	19	to 4-14	, 19	. Hidi (II (WC) Idisi
m 2		abave, (1) (we) (did) (did		death	nd that in (my) (our) apinion	death accurred on the		
#		220. SIGNATURE	.06		DEGREE	MEDICAL ST		ATE SIGNED
Z-	. 3	22d PHYSICIAN'S NAME (TYP	100	rou		MEDICAL ST DIRECTOR PHYS	SICIAN 9	16-82
MPORTANT	L a		E OR PRINT)		22e ADDRESS	_	c	
MATTER State I		Marsha	Sruma	1 47	1144 N.	Cwey.	4. 2121	/
	23a. B	URIAL, CREMATION, REMOV.			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COLINTY	STATE
_	24 E	Burial UNERAL DIRECTOR	4/19/82	Arbutu	s Memorial Pl		tus V	MATTER STATE
1/81 4)		NAME		ADDRESS		1 9 1982	Counces >	and it
		William C. M	larch F/H	1101 E. N	orth Ave hi	PR 19 1982	- the same	



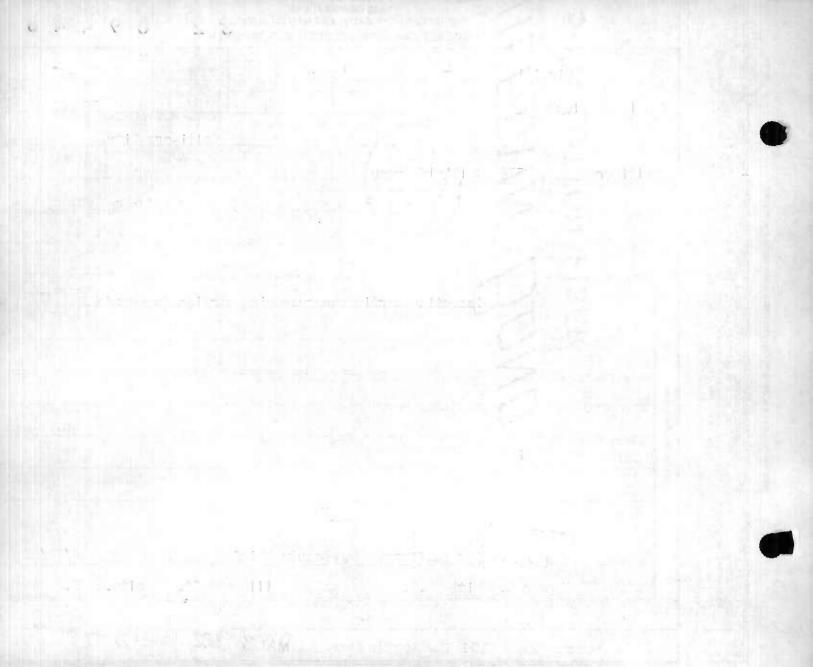
1 1	1-	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	0 9) 4	4 6
		CEASED NAME FIRST	MID	DLE	LAST		MONIH DAY	YEAR	2b HOUR
1 11 N	-	ORPRINT) MYRTI	E 1	LOF	70N		4 14	182	2.080.
	3 5E		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDERTYEAR	IF UNDER 24 HRS
(時用)		FEMALE	Blac	.k MON	P P P P	84	YRS	NTHS DAYS	HOURS MIN
1/2		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WE	MARRI	ED NEVER MARRIED	BACT.	_	FDEATH	MD.
s offer and who had well and who		ACT CITY		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATI		126 KIND OF	F BUSINESS OR
filled in tould be fi	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN MD		RESIDENCE BEFORE ADMISSION COLTY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 4115 E	lderor	ı Avei	nue
vithir vithir i 2 sh	14 FA	THER'S NAME	MIDOLE	LAST	15 MOTHER'S MAIDEN NA			LAST	
d comple		stello Ullyse	s Ellis		Lula	Jane	ςς.	Loma	
Poges	()		WAR OR DATES)		Helen Cros			λνο	
hysicio popers. iovol.		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per lin			WY_ Z 7 Z U _ A	<u>LOHOH</u>		MATE INTERVAL DNSET AND DEATH
th certification of the certif		4360 IMMEDIAT	DUE TO, OR A	S A CONSEQUENCE OF					
e ottend move co notion, a		Conditions, if ony, which gove rise to immediate		S A CONSEQUENCE OF	ENSION				
thot the by the ease resol, crear		couse (o), stating the underlying couse lost	DUE TO, OR A	S A CONSEQUENCE OF					
quires signed signed hen ple to buric	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
low re	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA			
The riccorriccion sert progrem	E			111100	Tax many and a second	YES NO	YES [NO 🗌
YSICIAN: ding physics as certificate out of the series of		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 21b. TIME OF II HOUR A.M. P.M.	MONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
DING PHYSI or attending After this ce as the buri ofth and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF		21f LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
TENDIN tol or OR: Aff or use of if Health		22a. certify that (I) (this hospit sow the deceased alive an	4/14/82	19 12	and that in (my) (our) apinion	death occurred on the de	ote and hour a		that (I) (we) last
OR AT be hosp ORECT ched fi		obove, (I) (we) (did) (did not 22b. SIGNATURE		er deoth.	DEGREE			22c. DATE S	SIGNED
SPITAL OF the NERAL E be detoile e Stote E		22d. PHYSICIAN'S NAME (THE OF		n ·D	ATTENDING PHYSICIAN	MEDICAL STAI	IAN	4114	102.1Pan
HO FU POR		Nigel E.R.	ractman	m.)	Provident 2600, Li	berty Hgal	1 Ave 1	Balt.	ma
O 5 5 5 8 8 4	23a B	URIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION		LENTY.	STATE
/ OBP		Burial	4/19/8	2 Arbut	us Mem. Pk.	Baltim		0	me .
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FU	JNERAL DIRECTOR	1/11 111	ADDRESS	25a. DAT		256 RS GISTRA	R' N	- Replied
((-//	AA I	m. C. March I	/H 11(1 E. Nort	Ave.	11 11 1004		40	

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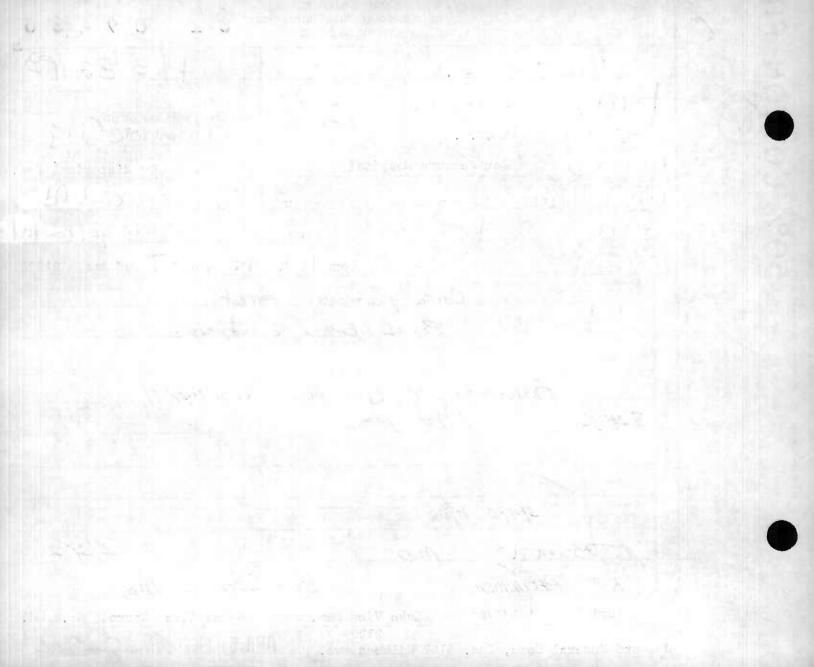
Item 5 - G566 -

W. And R. M. C. and C. M. C. and C. M. C. and C. An super abselved CMT cond at front in the " Level Marie & Elic. To all and many and the 7 892 Toward January Marie Marie

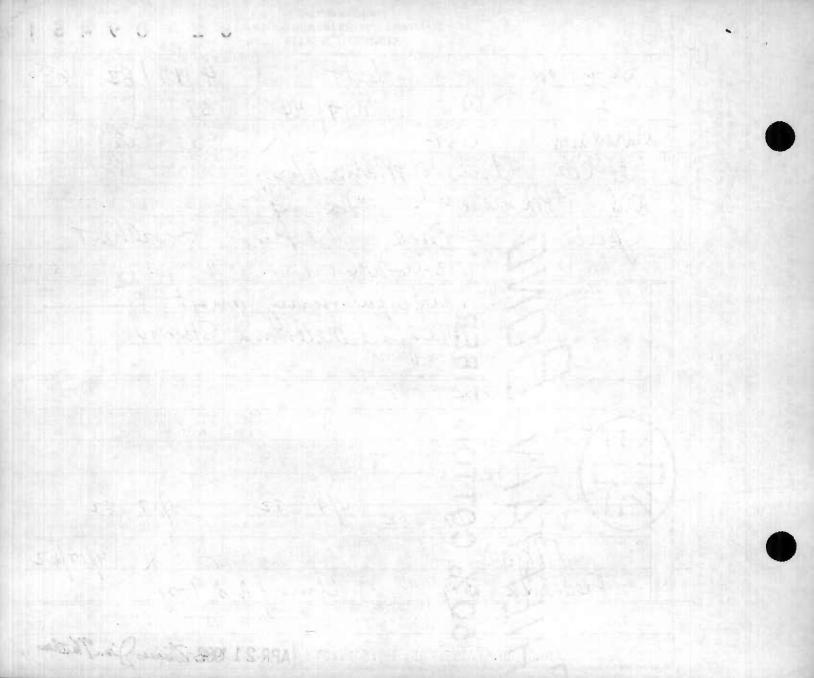
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN 🔀 2g. DATE 2h. HOUR LIVEE OR PRINT OF ESTI-L. DEATH MATED 30 1982 Virginia Lomax 5. DATE OF BIRTH LAST BIRTHDAY) 2, AND 3 TO THE FUNERAL DIRECT.
3. RETAIN PAGE 5 FOR YOUR FILE
2 SHOULD BE FILED, WITHIN 72 HOR 4 RACE A. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 34 ноик В:02a DATE 33 PRONOUNCED 3 6 DEAD Black 30 1982 Female 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY USA S.C. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17b KIND OF BUSINESS 3749 Dolfield Avenue Baltimore 13a. STATE 136. INSIDE CITY HAUTS? 13e STREET ADDRESS 3749 Dolfield Avenue NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE MIDDLE LAST Goodman McFadden Frank Geneva 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT 456 Longtown Ct. 215-30-1651 Milton Morrison Glen Burnie, MD No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TRANSIT PERMIT. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Dissecting aortic aneurysm with cardiac tamponade DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 H CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? AL NT OF BURIA YES V NO [WARDED TO THE C PAGE 3 SHOULD BE 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TING TH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINEM. ..
EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORM.
TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Deputy Chief DICAL EXAMINER 4/30/82 SIGNATURE EXAMINER'S NAME III Penn St. Balto. MD. Thomas D. Smith, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 5/5/82 Burial Mt. Auburn Cem. Baltimore 24. FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)) 15M 2/80



582 - Qual 582 91 93 434



STATE OF MARYLAND



BP

DHMH-16 50M 1/B1

(VRA 15, 4)

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CERTIFICATION

MEDICAL

OR ATE GISTRAR			DEPARTA	MENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HY	GIENE 8	2 REG. NO.	0 9	4	5	2
SED NAME	FIRST	100	MIDDLE	· ·	AST		20 DATE OF	DEATH MONTH	1 DAY	YEAR	2b. HOU	R
RINT)	JAME	S	E.	LOWER	Y			9	27	82	12:3	30 PM
1		4 RACE	STEP 157 F	5. DATE C			6 AGE (INYE	ARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER	
male		blac	k	MONTH 1	1 DAY	1914		68	/RS	15 DATS	HOURS	MIN.
PLACE (STATE OR		7b. CITIZEN OF US	what country? A	8. MARRIE		MARRIED D		ECITY OR CO	UNTY OF	DEATH		MD.
OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET N MEMORIA	ADDRESS)		STITUTION		CCUPATION FOR MOST OF WORK		P. KIND ONDUSTRY	F BUSINE	
ESIDENCE (IF NUR E Md	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	13d. INSIDE	CITY LIMITS?	13e. STREET A	DDRESS Homes	tead	Str	eet	
R'S NAME FIRST		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	WIDDLE		y. LAS		
ames		W.	Lowe	ry	Eli					Peak	er	
DECEASED EVER O OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 213-14-		17 INFORM	ANT	Whaler	ADDRESS				St
CAUSE OF DEAT PART I. DEATH V	VAS CAUSE		Cardio		nakoi	my Arr	rest.			BETWEEN	MATE INTER	VAL DEATH
0119		DUE TO, O	R AS A CONSEQUE	NCE OF		/						
onditions, if ony ove rise to im use (a), stati	mediote	(b)_	PROBABLE RAS A CONSEQUE	e H	MS COD	pre	umot.	norek				
derlying couse	~	(c) (d)	Ofibros	20du	lear	une de	seaset	for trea	KdT	3		
RT 2. OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE	OR CONDITIO	GIVEN I	PART 110		
uper-Kn	scon	(e)mo,	nable Alle	esele	whee C	morary		Junease		DE Chie		
17/9/2	8-2N	196 Chi	if twop	Callin	WCF +	truin p		MOYES INC	IF YES, WE ERTIFYING	CAUSES	OF DEAT) H?
4/27/0	7		1 11	11		10.0	VEC	NOW	VES [NO F	1

NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from sow the deceased alive an 1901 27 and 1900 obove, (1) (we) (did) (did not) view the body after death. 21f. LOCATION

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

22d. PHYSICIAN'S NAME LITTE OR PRINTI

22e. ADDRESS

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN |

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

COUNTY Baltimore Cemetery Baltimore

COUNTY

STATE

(SPEC Burial 24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR DECEASED NAME

male TO BIRTHPLACE ISTATE OF FOREIGN

10 CITY OR TOWN OF DEATH

BALTIMORE

James

YES, NO OR UNKNOWN)

14 FATHER'S NAME

USUAL RESIDENCE (IF NURSING HOME OR OTH 138 STATE 138 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED

18 CAUSE OF DEATH (Enter only o

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

IGNATURE

3. SEX

William C. March F/H 110 5 E. North Ave

5/1/82

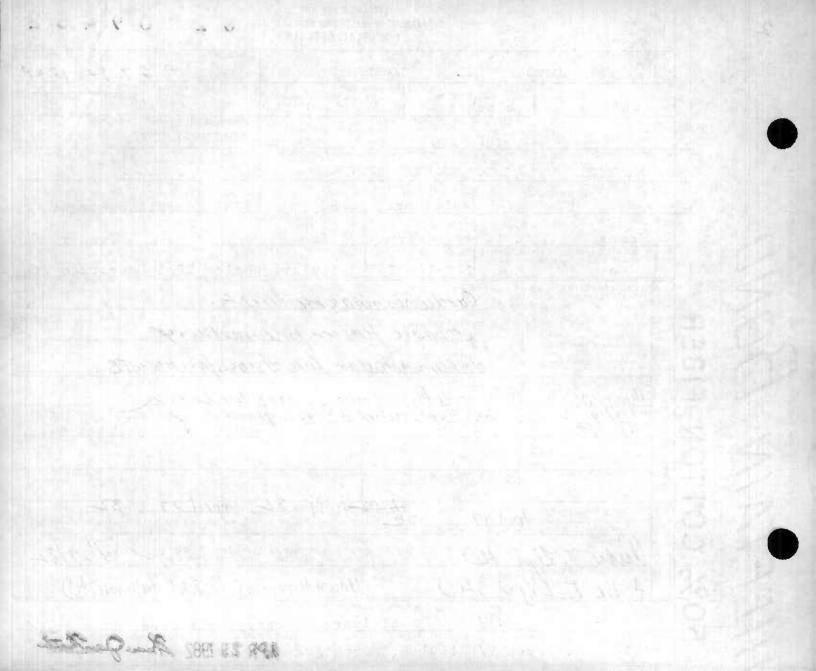
21b. TIME OF INJURY

P.M

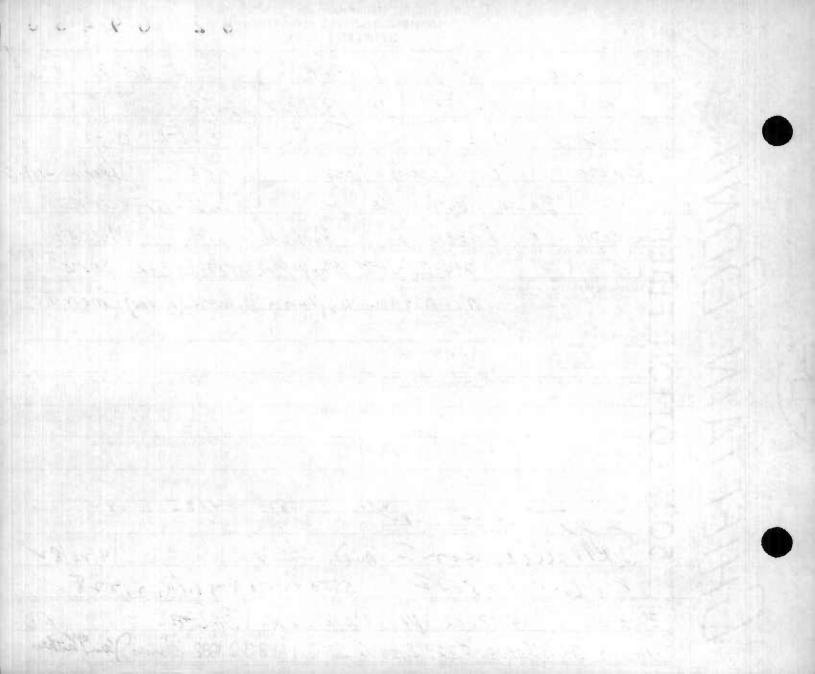
21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)



/	No. of the last			STATE	OF MARYLAND				- 4
de B	FOR STATE REGISTRAR		DEP		CATE OF DEATH		REG. NO.	0 9 4	5 3
10	1 DECEASED NAM	AE FIRST	MIDDLE	, 1/	ST	2a. DATI	OF DEATH MON	TH DAY YEAR	2b. HOUR
be 3 eoth	(TYPE OR PRINT)	DOUGLA	75 F.	6	UBER		4-	25-82	10:20 M
ge 4 may	3. SEX N	1	RACE WHITE	5 DATE O	Day Wrat	6. AGE	IN YEARS LAST BIRTHDAY	MONTHS BAY	AR IF UNDER 24 HRS
Poge	10 BIRTHPLACE	STATE OR FOREIGN 78	CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9. BALTI	MORE CITY OR CO		
Se hin	COUNTRY) N	1D.	U. S.A.	WIDOWE			BALTO	· CitU	MD
rs ofter dec	10. CITY OR TOWN		1. NAME OF HOSPITAL, N (IF NOTHS SUCH FACILITY, GIVE		405 D		AL OCCUPATION WORK FOR MOST OF WO	RKING LIFE) INDUSTR	OF BUSINESS OR
in ou	USUAL RESIDENC	(IF NURSING HOME OF O	THER INSTITUTION GIVE RESIDENCE		7050.	1 /	761	LIFE	THO SERTON
LAND In 24 in 24 should	*130 STATE MD	. BA		USVILLE	YES NO	34	16 WHIT	FIELD	RD.
MARYI ed with ond 2 s	14. FATHER'S NAM	PH R.	LUBER LAS	5R.	PAULI	NE	107.	Molo	CAH)
BALTIMORE, iote be execut yisician and coppers. Poges 1 vol. y, the medical	160. WAS DECEASE	D EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL 2/4-	SECURITY NO. 26 - 1453	17 INFORMANT	MADEAK	ADDRESS	EL SAI	ME 21228
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici. Then please remove carban paper to burial, cremation, or removal. injury, or ather traumatic event, the	Canditions, gove rise couse (a) underlying		##// / / /	SEOUENCE OF	NOW FF-AST	E TERMINAL DISI	ase or condition	7 7	10
L RECO	THE CERTIFICATION OF THE CATION OF THE CATIO	OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 A	IN	ERTIFYING CAUS	
N OF VITAL SICIAN: The map physicion certificate I riral-transit tent 18 sho	00.0000	WAS UNDERLYING ING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY O	-		head	-
DIVISION OF ING PHYSICIA After this certifi as the burial-tith and Mental acked or Item	WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
a sole	220 1 certify	that (1) (this hospital	t) attended the deceased f	0. //	19	oinion death acci	4/2-J		, that (I) (we) last he causes stated
Cher there	27b. SIGNAT	Will	view the body ofter death.	I no		ING MEDIC	AL STAFF OR PHYSICIAN	11/	TE SIGNED
TO HOSPITAL of the control of the co	E.	AN'S NAME (TYPE OR P	iA MSON	E .	5556 Bi	ALTO NI	25'L.PK.	2/22	8
0000 BP	BUKIN	26	23b. DATE 4-28-82	NEW C	ATH. CE	M. 23d 10	ALTO A	COUNTY	MD.
DHMH-16 30M 2/80 (VRA 15, 4)	1/toma		AKDA 2829	HUDSON	ST. 125	APR 30	1982 Com	REGISTRAP'S SIGN	Wather



Marzullo Funeral Service Reisterstown, Md.

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15.4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2h HOUR

126. KIND OF BUSINESS OR

Domestic

Rahenkamt

NO [

STATE

YES [

COUNTY

Cambria

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR

271 DATE SIGNED

AONTHS DAYS

INDUSTRY

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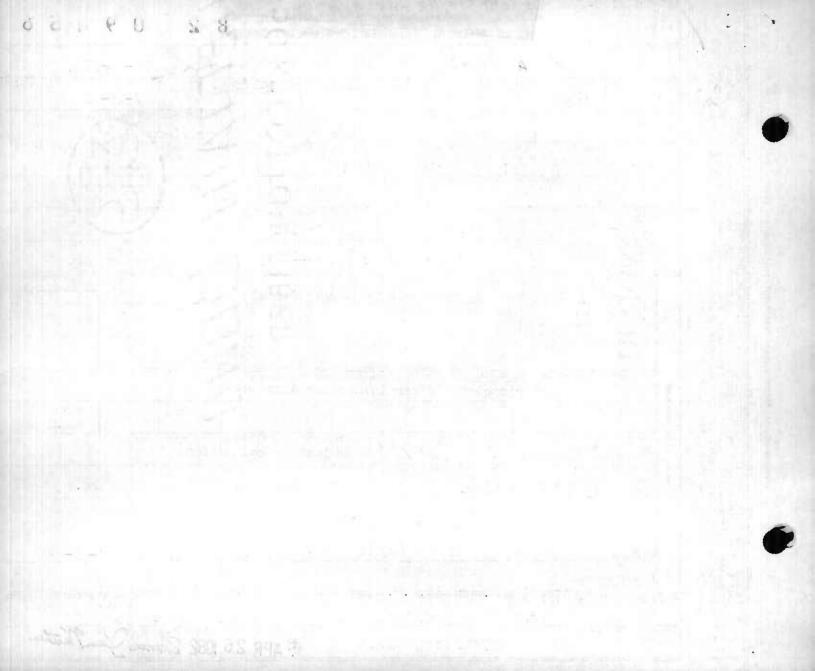
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

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		STATE REGISTRAR	FIRST	ME		EXAMIN	ER'S C		CATE OF			3. NO.	, ~ 3	•
-/		CEASED NAME E OR PRINT)			MIDDLE T.7			LAST	C	20. D	ATE KNOW	MONTH		26. HOUR
			ALON	144	W.				Sr.		ATH MATEC	04-25	5-82 19	M
	3 SEX	White the	4 RACE black	5. DATE OF BIRTH	21 YEAR	6. AGE (IN YEA 60 SIRTHDA YR	Y) MONT		HOURS	MIN. PRON	DATE NOUNCED DEAD	4-25	5-82 10	Zal Razus
	70. B	RTHPLACE (ST		7b. CITIZEN OF W			2	ED X NEV	ER MARRIEI		7	_	TY OF DEATH	
330	10.6		Md.	USA			WIDOW		DIVORCE		Baltimo		/	MD.
STAND SHOULD BE HILL! WITH		altimor	1	11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			ION	12a. USUAL O FOR MOST O	CCUPATION OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	JSINESS RY
<u></u>		IL RESIDENCE (TATE Md	13b/COUN	OR OTHER INSTITUTION, G	13c. CITY	BEFORE ADMISSIO OR TOWN 1to.	N)	13d. INSIDE CIT	TY LIMITS?	13. STREET A 2822	DDRESS Bookes	rt Dr.		
3	14. F/	THER'S NAME							R'S MAIDEN				· ·	
DIVISION OF VI) .	Walter		WIDDIE	ynn	LAST		Lii	liam		MIDDLE	Sta	anford	
Z /	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?		IAL SECURITY		17 INFORM	TANT		ADDI	RESS		
-		Yes	WWI	WAR OR DATES)	220	-95-22	24	Lizz	ie M.	Lynn	2822	Booker	rt Dr.	
		18. CAUSE OF		ly one couse per line			1	BESN'S					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
AL.	1	911	IMMEDIAT	TE CAUSE (0) AS				olus o	f food	i				
HEALTH AND MENTAL HYGIENE, D. IL, CREMATION, OR REMOVAL.	>	Condition	is, if any, which	DUE TO, OR	AS A CON	ISEQUENCE C	F	- 1						
REE	-	gave ris	e to immediate	(b)										
Ž Ž		lying cous	stating the <u>under</u> - se last.	DUE TO, OR	AS A CON	SEQUENCE O	F							
ATIO	-12	PART 2 OTHER SIG	SHIFTCANT CONDITIONS	(c) CONTRIBUTING TO DEATH	DIST NOT BELL	TEO TO THE TERMIN	ALL DICTACI	. 00 CONDITION	CIVITAL IN CART					
KEW	N	The state of the s		terioscle										
1,0	CERTIFICATION	19e. DATE OF	2 400			WHICH OPERA							20. AUTOPSY	?
URIA	TIFIC	5 STE /											YES V.	NO 🗆
D, 21201 PRIOR TO BURIAL, C	CER		L CAUSE WAS	216. TIME OF	FINJURY	DAY . YEAR					OF INJURY IN ITE	M 18 PART 1 OR P		
8	MEDICAL		NG CAUSE OF	DEATH ? P.M	4/	25 ⁴ / ₁₉ 82			choke	ed on	food			
PR	AEDI	21d. INJURY O	CCURRED	21e PLACE	OF INJURY TORY, FARM, E	(AT HOME,	5	CATION TREET		CITY	OR TOWN	-	OUNTY	STATE
58	*	AT WORK	NOT WHILE AT WORK	bldg			310	07 Erd	man Av	ve.	Baltim	ore	Md.	VIAIL
230	-	22a certif	y that I took charg	e of the remains de	cribed obo	ve, held on	Autop	sy 🛛 .	Inspection	, Inc	quiry .	and in my a	pinion	
Y.	-	deoth resulte	d from: Notur	rol couses ,	Accident	X Suid	ide	, Homici	de .	Undetermine				
AR		ACTUAL	11.	011/2 10	A	(1)	00	TITLE (SP	PECIFY)					
Ж. Т. У. Т.		ACTUAL SIGNATURE _	YU	merce	Mhs	MIM	M	Assis	tant	_MEDICAL E	EXAMINER	DATE SIGN	EA-25-82	
MOE		EXAMINER'S I	NAME								4.35			
AFTER DEATH, WITH TH BALTIMORE, MARYLAN		(TYPE OR PRIN	IT) -Marga	rita A. K	orell	,M.D.		ADDRESS		Penn S				
A B	(5	PECIFY)	ION, REMOVAL 2			IAME OF CEM			RY	23d. LOCATION	VN	COL	UNIY S	TATE
	_	Burial		4/29/82	IMC	l. Vet.	cem		50. DATE RE		nsville ISTRAR 256.		SIGNATOR	,
(5))			arch F/H	1101 F	. Nor	th Ave			APR			erces	and last	uln
80									ALL	, 2 0 10	NE PM			



	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	0 9	+ 4	5 7
		CEASED NAME FIRST GUT		Lyon		LAST	20. DATE OF DEATH April	6, 1982	YEAR 26	832 AM
	3. SE	Male	4 RACE White		June	DF BIRTH 15, DAY 1890 AR	6 AGE (IN YEARS LAST 8	WRITHDAY) IF UNITED MONTH		UNDER 24 HRS
5	We	IRTHPLACE IS ATE OR FOREIGN COUNTRY! Virginia	76 CITIZEN OF W	. A.	WIDOWI					MD.
	В	ITY OR TOWN OF DEATH	3703°K	eswick I	load	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Dentist	TION 12		BUSINESS OR
	Ma	AL RESIDENCE (IF NURS IG) PAGE OF STATE TYLAND	ROTHER INSTITUTION G	NE RESIDENCE BEFORE CITY OR TOW Baltimor	E ADMISSION) N	13d. INSIDE CITY LIMITS? YES NO		swick Roa	ad	
9		George Robe		LAST		15 MOTHER'S MAIDEN N Martha	Elizabeth		LAST	
	16a V	NAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	218 10 9		Edna V. Ly	on Sam		là	
	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR A	AS A CONSEOUE	ENCE OF	NOT RELATED TO THE TER.			PART Tro	moun
2	CERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED DEATH?
	MEDICAL	110, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a Certify that (1) (this haspi say the deceased alive an appre, (1) (was take) (did no 27b. STANATURE 27d. PHYSICIAN'S NAME (TYPE C Dr. Martin	HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET tol) ottended the continuous the body of	MONTH DA	ARM ETC)	11 E. Cha	C11Y OR TO	OWN CI	OUNTY tho	782
		BURIAL, CREMATION, REMOVAL	9 April			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cour	NÏY	STATE

Woodlawn Cemetery

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee Funeral Heme 3631 Falls Rd. 21211

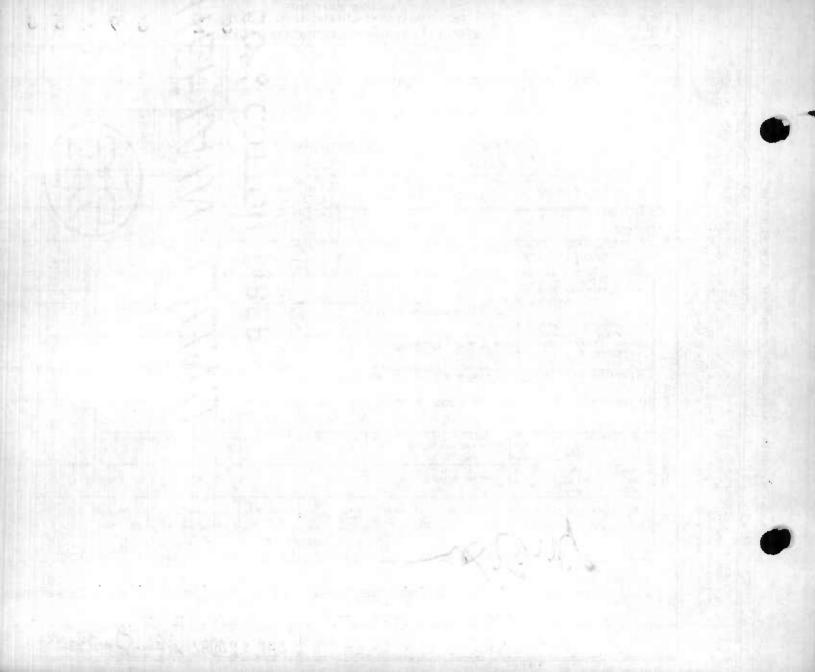
9 April 82

23d LOCATION
CITY OF TOWN

Woodlawn Baltimore Go 250 DATE REC'D.

April 6, 1982		nong.	
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	11-	FOR STATE REGISTRAR					STA MENT OF EXAMIN	HEALT		ENTAL	HYGIEN OF DE	E 2	REG.	0	9	4	5	8
		CEASED NAME	FIRST			MIDDLE			LAST			20. DATE	KNOWN	_	німо	DAY	YEAR	26 HOUR
84.48m	(14)	E OR PRINT)	KINA						YONS		230	OF DEATH	ESTI- MATED	\square	4	6	1982	M
AL BOULD	3. SEX	4	RACE	5. DATE OF	DAY	YEAR	6. AGE (IN Y	ARS IF U	NDER 1 YR.	IF UNDER	R 24 HRS.	2c. DATI	NCED	AAG	НТИС	DAY	YEAR	2d HOUR 8:05
A DO ON	F	emale IRTHPLACE (STA	Black	11	18	81		RS. 4				DEAI	_		4	6	1982	a M
HARSER S	FC	REIGN COUNTRY)	IE OK	76. CITIZEN		AI COUN	TRY?		IED NE			Y. BALTIA	AORE CIT	YORC	OUNT	Y OF D	DEATH	
\$5.00 P	-	LTIMORE	E DE ATH	11 514145	USA	TAL MILE	RSING HOM		VED	DIVOR		Bal	timo			1	ND OF BU	MD.
FLAY IS NE TO THE PURE ST HE PIED.		altimore		(IF NOT IN	SUCH FACI	LITY, GIVE S	reet ADDRESS)		TEK INSTITU	ITION		MOST OF WO		(TYPE OF	WORK		RINDUST	
m=00	USUA 13a. S	AL RESIDENCE (III	IN NURSING HOME	TY			OR TOWN	ION)	frad. INSIDE C	ITY LIMITS?	Isa STR	EET ADDR	ESS					
MD. 2120 H. IF ANN 2. AND N. 3. RETA 2. SHOULD		MD					TIMORE	E	YESXX	NO 🗆		.00 SI		IODD	ST	1	45%	
SS-1.2 SS	14. F/	ATHER'S NAME		MIDDLE			LAST	200	15. MOTH	ER'S MAID	EN NAME	1.,	AIDDLE		LIQ.		LAST	
		DRICK				LYC				TTY		11/4		03		CO	UINS	TER
TIMOR TER DE FORM ES 1 A	16s. \	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARA	MED FORCES WAR OR DATES)	S?	16b. SOC	IAL SECURI	Y NO.	17. INFOR	THAM			ADDRI	ESS				
S AF GOV SPAG VISI		NO					N/A		BET	ry co	UINST	ER :	2100	SMA	LLW			
		18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	D BY:	C.		ond (c).)	nt De	eath S	vndro	ome					BETY	PPROXIMATE VEEN ONSET	INTERVAL AND DEATH
PRESTORITE ITHIN ZA HO CIL IN ITEM UER ALONG ARNSIT PERM AL HYGGENE REMOVAL.		798	DIMMEDIA	E CAUSE (o	/		SEQUENCE		20111 5	ynard	31110							
A HEN A HEN REV	-		, if any, which to immediate	(b)													
201 W. UTED WI IN PENGENAMIN PENGENAMIN STAL-TR. D MENTATON, OR		cause (o) s lying cause	toting the <u>under-</u> e lost.	DUE (c)		SACON	SEQUENCE	OF							H			
L RECORDS, 201 W. PRESTONST ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM ITEM ITEM AEDICAL EXAMINER ALONG FED AS A BURIAL TRANSIT PERMITH HEATH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGN	IFICANT CONDITIONS			T NOT RELA	TED TO THE TER	MINAL OISEA	E OR CONOITIO	N GIVEN IN PA	ART 1 toc							
L REC	CERTIFICATION	19a DATE OF C	PERATION	19b G	CONDITIO	ON FOR	WHICH OPE	RATIONV	VAS PERFOR	MED?					О,	20 A	AUTOPSY?	
SHOULD YORD "PE CHIEF A SE USED A SURIAL, O	H															,	YES 🗓	NO 🗌
CATE THE WOULD BY THE WENT THE WENT THE WANT TO BE TO		216 EXTERNAL UNDERLYING CONTRIBUTING	errors.	но	UR A.M.		DAY YEA	R 21c. H	ow injury	OCCURRI	ED LENTER	NATURE OF IN	IJURY IN ITEM	18 PART	I OR PAR	RT 2)		
DIVISIO THIS CERTIF E. WRITING: WARNED TO PAGE 3 SHO 21201 PRIOR	MEDICAL	21d INJURY OC WHILE AT WORK	NOT WHILE C	STE	PLACE OF REET, FACTOR	INJURY RY, FARM, E	(AT HOME,		STREET			CITY OR TO	NWN		COL	UNTY		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAU DIRECTOR; PATER DEATH, WITH THE ST			that I taak charg	e of the remo	3	ibed abo		Autop vicide^	, Homi	Inspection of the Inspection o	Undet	Inquiry ermined m	anner [my op	1.	-6-82	
TO MEDI EXECUTE PAGE 4 TO FUNA AFTER DE		EXAMINER'S N (TYPE OR PRIN	T)A.	nn M.	Dixo				_ADDRESS_		enn		Balt	0.,	Md		21201	
¥02¥€8	23a.B	SPECIFY)	ON, REMOVAL 2			23c. h	NAME OF CE				23d. LC	CATION OR TOWN			COUN	MIA		ATE
ICDUBP	24 E	BUR :		4/12/	/82		EASTV:	EW C	EMETE		REC'D. BY	I.TTM	ORE C	TY	AD'C C	IGNAT	M).
15 09 DHMH-17 (VR A15 ME (5))	-	NAME	ARCH F/H	11	ADDRESS	. NO	RTH AV	मा ग्रास		API		1982	The	mu (2	1	rtb.	
15M 2/80												AAP	- manusch	-				



STATE OF WARTLAND

F 6 - F 0 - 2 - 5 Albaharan Markaran La

00.00 : 8 Tecopa Muchanicy Alica Pttown FOR STATE

DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	2	0	9	4	6	
	CERTIFICATE OF DEATH	100.00	REG. N	0.				
MIDDLE	LAST	2a DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR	
C.	M1-: - SR.							

	REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0		
	ECEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	John		C.	Mac	kie, SR.		04/18/	100	M
3. SE		4 RACE		5. DATE		6. AGE (IN YEARS LAST BI		UNDER I YEAR	Pullut And
	Male	White		OCT.	22, 1920	61		DNIHS DAYS	HOURS MIN.
Ja B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C	YRS.	OF DEATH	
N	COUNTRY)	10000	USA	MARRIE				08	
	ITY OR TOWN OF DEATH			WIDOW	DR OTHER INSTITUTION	Baltimo	ce	100.161.104	MD.
	Baltimore		H FACILITY, GIVE STREET A		SK OTTICK INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
_	AL RESIDENCE IN HUMBING HEA	Johns	Hopkins	Hos	pital	Trim Repa	r-Gene	ral Mo	otors Cor
130	STATE	UNTY	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
_	7	ecil	E1kton		YES NO K	650 Lewis	ville	Road	
14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			10	
}	Harry	-	Mackie		Dora	WIDDLE		Scot	
		ARMED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	SS		
	YES, NO OR UNKNOWN) (IF YES, I	WW 2	222-07-0	965	Mrs. Margie	B. Mackie.	Elkton	. Md.	21921
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	(b)_	Mesente R AS A CONSEQUE R AS A CONSEQUE	NCE OF					rous_
CERTIFICATION	PART 2. OTHER SIGNIFICANT			OPERATIO	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, V	WERE FINDI	
E	1/18/8/2	ine	romue /	me		YES NO	YES		NO 🗌
MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.	m. Month da m.	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM IB. PAR	T 1 OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY PEET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (this has	///////	4.4		19 82		, 19	82	tho ((we) lost
	sow the deceosed alive of above (1) we) did (did	nat view the body	ofter death.		nd that in my (our) opinion	deoth occurred on the d	ote and hour a	ind from the	couses stoted
	22b. SIGNATURE	yland		N	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	18/82
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		-	22e ADDRESS	1 . 1/	- 4 1	1	

1/45 lund

23c. NAME OF CEMETERY OR CREMATORY

Johns Hopkins

STATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 4/22/82 Buria

Sharps Cemetery

23d LOCATION COUNTY H111 Maryland Fair

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

for FUNERALS, ELKTON, MD. HICKS HOME

250. DATE REC'D. BY REGISTRAR 256. REGISTRAD'S SIGNATURE

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	22, 1020		1187	olan
annals Lat				e marying &
anozo, isramol-giwa, miri	ino banat		tonu.	Oyomidin
Sin Legisville cond		Elkton	J/sec	nerviend .
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STATE	OF MARYLAND	. D		a (18)	13		1	
DEPARTMENT OF HE	ALTH AND MENTAL HYGIENE	8	2	U	4	8.4	0	
CEDTIEI	CATE OF DEATH		2.3					1

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	0	9 4	0	4
		CEASED NAME FIRST	MIDE	DLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	R
	(TTPE	Char	les .	J	Ma	nerz	April 1	4, 1982		10:	50M
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER	74 HRS
		Male	White		Oct.	10, 1913	68	YRS.	NIMS DAYS	HOURS	MIN.
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH		
15		Maryland ITY OF TOWN OF DEATH	U.S.A.		WIDOWE		Balti	more Ci	ty		MD.
8	E	Baltimore	Mary land	Gener	al Hos	ROTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR MOST OF ACCOUNTANT		12b. KIND OI INDUSTRY Brewer		SSOR
3	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD Aryland	VTY 13	E RESIDENCE BEFOR COITY OR TOW Baltimo	VN	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 4016 Woodle	ea Ave.			
E		ATHER'S NAME Artin G	MIDDLE	Maer	z	15. MOTHER'S MAIDEN NAM Barbara	MIDDLE MIDDLE	S	chmidt		
1	lóa V	WAS DECEASED EVER IN U.S. AR		SOCIAL SECU	URITY NO.	17. INFORMANT	ADDRE	SS			
1	No	YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	213-03-	3986	Mary Elizabe	th Maerz	1016 Wo	odlea	Ave.	
	z	Conditions, if ony, which gove rise to immediate couse (o1), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A	rrhosis	Myelor ENCE OF of t	ne liver	nal disease or coni	DITION GIVEN	IN PART 10		
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIC	ON FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	GS USED OF DEATI	H?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			AY YEAR	21c HOW INJURY OCCURR	2.9	,	A		
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	SI	ATE
		22a.t certify that (this haspi saw the deceased alive on above (d) (we) (did) (did) co			82 . or	d that in (🎪) (aur) apınıon d	, toApril eath accurred on the do	14, 19 ste and hour a	nd from the c		e) lost ted
		72b. SIGNATURE	aney	me	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		22c. DATE S		
		Joseph G	aney, M.D			c/o Marylan	d General I	lospita	1		
		BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	236. DATE Apr. 17,1			ly Redeemer	23d LOCATION CITY OR TOWN Baltimor		OUNTY Mar	ylan	ate d

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

IMPORTANT: If Item 21 is

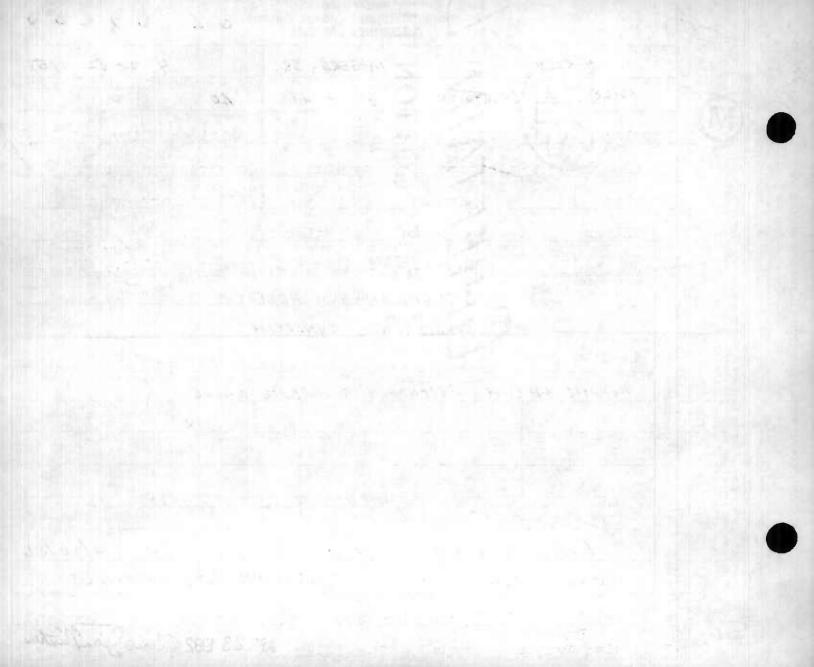
Leonard J. Ruck, Inc. Baltimore, Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Illaborat Champairts personay" projection Circingia of the liver

- STATE

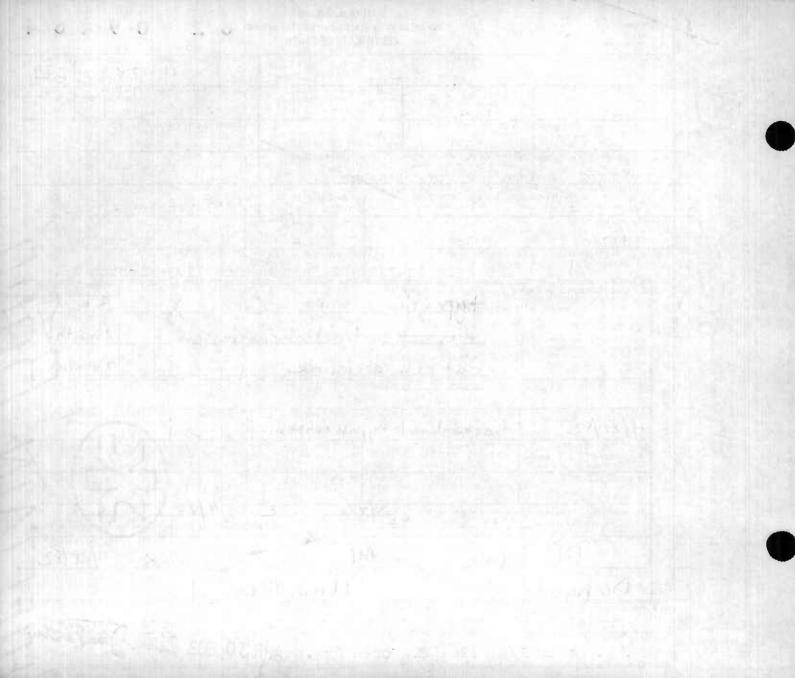
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

(FOR			E OF MARYLAND	0 0	0.0	2 1 10				
1	- STATE REGISTRAR	UE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 4 6 14								
	I. DECEASED NAME FIR	ST MIDDLE		LAST	REG. N		HOUR				
off off		LEARINE S.	MATDEN			4 28 82 1	- 25 PM				
Cat II	3 SEX	4 RACE		OF BIRTH	& AGE (IN YEARS LAST BIR		UNDER 24 HRS				
(TANK)	Female	Black	1	21 18	64	YRS	OKS MIN				
100	To BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH					
17 2	VA	USA	WIDOW		BALTIMORE	E CITY	MD				
11 9/11	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME ('E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIND OF BU	JSINESS OR				
11 17	BALTIMORE	UNION MEMOR	IAL HOSPI	ITAL		11000111					
P 20 C		OME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 13(. CITY O		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS						
11 150	MD	Balt	imore	YES 🔀 NO 🗌		nnedy Avenue	1				
d 2 s	14 FATHER'S NAME	MIDDLE	AST	15. MOTHER'S MAIDEN NAM	ME MIDDLE LAST						
du Sant	Willie	Roy		Emma	MIDDLE	Braxton	axton				
ges dico	16a WAS DECEASED EVER IN U	ES, GIVE WAR OR DATES!	L SECURITY NO.	17. INFORMANT	ADDRE						
s. Pa	No	228-	-32-725	9 Clifton Ma	aiden 750	8 Marston Rd	l -				
sper oper vol. t, th	18 CAUSE OF DEATH (En	ter anly ane cause per line for (a),	(b), and (c).			APPROXIMATE BETWEEN ONSE	INTERVAL TAND DEATH				
emo even	IMM	3 han	C 2								
nding corb or r	1629	1629 DUE TO, OR AS A CONSEQUENCE OF									
otte ove otton roun		Conditions, if any, which gave rise to immediate									
the remo	cause (a), stating 1	cause (a), stating the DUE TO OR AS A CONSEQUENCE OF									
d by eose iol, cr	underlying cause la	14 month	15								
buri buri Juy, a	PART 2 OTHER SIGNIFIC	DITION GIVEN IN PART 11a									
t. The or to y inju	IPO DATE OF OPERATION 4/21/87 210. ACCIDENT WAS UNDERLYIN					A HELLEY COLD A PA					
e prince on son	190 DATE OF OPERATION	196 CONDITION FOR V	11		200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
te hor	7/21/10		my to by	pass compressu	YES NOW	YES N	10 🔲				
Lifecon Lifecon of Hy of Hy	OR CONTENDUTING CAUCE	110110 111 110117	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)					
rio	(IF EITHER NOTIFY MEDICAL EX.		19				- 195				
the bu	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	OFFICE, FARM ETC]	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE				
JIRECTOR: After the decrease of the decrease of the	AT WORK		- 1		111-						
	220.1 certify that (1) (this haspital) attended the deceased fram 3/7 (1987), to 4/28 1987, saw the deceased alive an obave, (1) (we) (did) (did nat) view the body attended the body attended that in (my) (aur) opinion death accurred an the date and haur and from the										
											226. SIGNATURE
	RAL Store	22d. PHYSICIAN'S NAME	IANS 42	82							
the SRTA	120. PHISICIAINS NAME	(TYPE OR PRINT)		27e ADDRESS	1.1.1						
Should be detained by the State Dimportant: If	Unbye	Dubyoshi Unun Menura									
	230 BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	country	- 2547				
	Burial	5/3/82	Crest	Lawn Cem.		ore Co.	MD				
16 50M 1/81 RA 15, 4)	Wm. C. Mar	ch F/U 1101AD	E. Nort	th Ave. AP	REC'D BY REGISTRAR	THE REGISTRAL MANAGEMENT	Mond				
, ,,	Wm. C. Mar	CH F/H TIUI	E. NOTT	II Ave. API	100 DOL 9	-					



	2/		FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	80	0 9	1	6	200
	. 4		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH "					H ora	5. NO.	-	0	~
	Y		CEASED NAME	FIRST		MIDDLE		LAST	20	DATE KNOW		H DAY	YEAR	76 HOUR
The state of the s	- 6 .		E OR PRINT)							OF ESTI-				ZO HOUR
28	EL SES			Mary		Katheryn	Mak	ares		DEATH MATED	4	13	1982	M
95	FOR	1. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN Y					MONTH	H DAY	YEAR	2d HOUR
> 36	W ZELE	F	emale	White	June 11	-	YRS.	HS DAYS HOURS	MIN. PR	ONOUNCED	Δ	13	1982	3:45 a.m
× 57	8.78 W		RTHPLACE (ST		76. CITIZEN OF WI		12		9	BALTIMORE CI	TY OR COLL	-		G.M
妈要	855237	· FO	REIGN COUNTRY)					IED NEVER MARRI	IED 📙		_		, LAIII	
更多	1500	0.	Md.		U.S.A		WIDOW			Baltimo	ore Ci	ty,		MD.
HE IS	F ANY DELAY IS WE AND 3 TO THE FULL RETAIN PAGE PHOLD BE FILED RECORDS, 201 V	Baltimore		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [12a. USUAL OCCUPATION (TYP FOR MOST OF WORKING LIFE)						K 12b. KII	ND OF BU R INDUSTE	SINESS		
35				University Hospital - S						Civel Service				
37.00	2 SHOULD BE F 2 SHOULD BE F 1 ALL RECORDS, 2	USUA	L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GI	WE RESIDENCE BEFORE ADMISS						IOTA	CT DE	T.A.T.C.E.
21201 AND AND	F202	13a. S	Md.	A.A.	CO	Crofton		13d. INSIDE CITY LIMITS?	130 STREE	Barnsta	ahla C	+		
7. Z	S. S			A.A.	00.	10101011				Dariis	able C			
W I	1 C (56 }	14. 17	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		2	LAST	
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STATE OF MARYLAND

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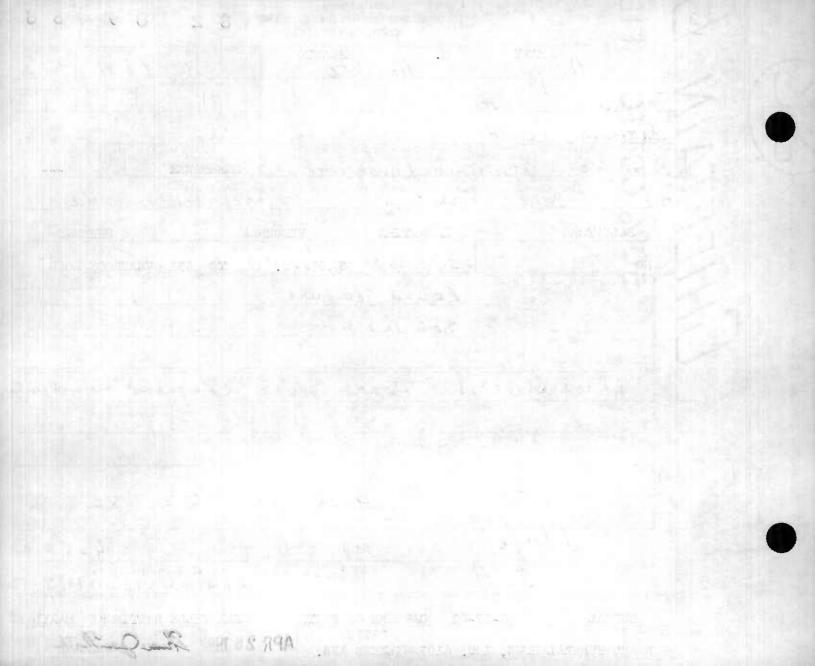
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

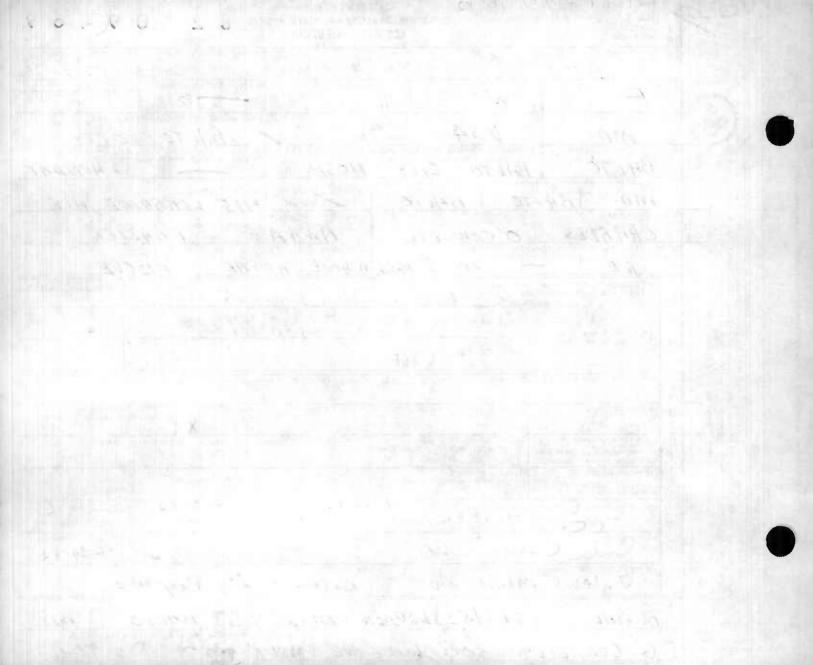
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N OF VITAL SICIAN: The ng physicio certificant riol-treatel tentol Pyper	OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEAT NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON	19		RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I ORPART	2)
DIVISION OF DING PHYSICIA or offending ph After this certifi e os the buriol-th oith and Mental morked or Item	WHILE AT WORK	NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTOR)	OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OF TO	OWN COUNTY	STATE
Spitol Spitol CTOR: I for us	sow obove		All attended the deceosed	h. 19 82, o	nd that in (my) (our) opinio	n death occurred on the d	ote and hour and from	
10SPITAL OR A ned by the hore by the hore by the hore lide by the Store Dept the	226. SIGN	+NA	ya .		1	MEDICAL STA	FF GIAN 4	-25.82
O HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote MAPORTANT:		D. AU	JLH		5400 0L		LSTOWN	1 MD 21133
0000 BP	(SPECIFY)	EMATION, REMOVAL	23b. DATE 04-27-82	The state of the s	OF FAITH	CITY OR TOWN	E BALTIMORE	E MARYLAND
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STATE OF MARYLAND



/	1	Item 6 g567			OF MARYLAND	(ib K3	00460
3	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 9 4 0 9
9 85		CEASED NAME FIRST	MIDDLE	14	ast chart	20 DATE OF DEATH	MONTH DAY YEAR 28. HOUR
4 /	3 SE	Anna	RACE	Is DATE O	M) teiner	A. AGE IIN YEARS LAST BIRT	14 30 82 3:17 Am
XX	3 25	F	W	MONTH		82	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 7	USA	MARRIEI WIDOWE	DI NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
B	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, I	NURSING HOME C		120 USUAL OCCUPATE TYPE OF WORK FOR MOST O	
The state of	USU	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDEN				
thin 24 cuid to out to the				ALTO.	YES NO NO	13e. STREET ADDRESS	BRAINE AVE
npline nd 2 hr	IA. FA	THER'S NAME CHARLES M	D' COWN	AST FLI	15 MOTHER'S MAIDEN NAM	WE	-6421EK MAST
execu id con	16a \	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRE	SS
e be ey an and Pages t, the r	L	NO -	- 219-	18-1633	MARIE NO	OVAK	ABOVE
cat sici		IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		(b), and (c).)		4	RETWEEN ONSET AND DEATH
certifi ig phys in pape remov		IMMEDIATE	17	esper	atory an	rest	
death cert ending ph carbon pa on, or rem traumatic		4280	DUE TO, OR AS A COM	SEQUENCE OF	1. 6 1	10.1.1	
0 2 0		Conditions, if any, which gave rise to immediate	(b)	reprice	turompop	exeptis	
that the oy the at eremove cremati		couse (a), stating the underlying couse lost	DUE TO, OR AS A COM	NSEQUENCE OF			
equires signed to n please burial injury,		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	AG TO DEATH BUT	NOT BELATED TO THE TERM	IN AT DISEASE OR CONI	DITION GIVEN IN PART 1(a)
	Z	TAKE 2 OTHER SIGNIFICATIVE	SINDINOINS CONTRIBUTIO	NO TO DEATH BOT	NOT RELATED TO THE TERM	MITAL DISEASE ON CONT	SHOW SWELL HAVE HO
The la	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
S d tt t	ER	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE		
ing physician: this certificate burial-transit pe d Mental Hygie		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MON'	TH DAY YEAR			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOW	N COUNTY STATE
TTENDING P al or attending TOR: After tr r use as the bu if Health and N	¥	AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, PARM, ETC.	SINCE	CHIOKION	STATE
		22a.1 certify that (1) (his hospita			21-82 19	to 4-30-	, mor (i) we lost
ATT bital for u		saw the deceased alive on obove, (1) (we) (tid) (tid) (tid) and	view the bady after death	19 or	d that in (my) our opinion	death occurred on the do	ote and hour and from the causes stated
ITAL ON ATTEN y the hospital or a RAL DIRECTOR. Getached for use a rate Dept. of Heal		226 SIGNATURE	monier		DEGREE ATTENDING _	MEDICAL STAF	
PITA by th by th State State	-	224 PHYSICIAN'S NAME (TYPE OR			PHYSICIAN [DIRECTOR PHYSIC	IANG
TO HOSPITAL Creatined by the hoto of the contract of the contr		Jules C.	monier N	0	Bultimore	City Ho	espitals
	23a.	BURIAL, CREMATION, REMOVAL	236. DATE	LOUDO	EMETERY OR CREMATORY	23d LOCATION	A COUNTY STATE
203 P	24 F	DV 517L UNERAL DIRECTOR	3/3/02	12000			25b. REGISTRAR'S SIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79	1	G. CONNELL	4 300	mace mace			Can We Then
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TENTO LA C. L REMAC

PETE BANGTLEAN

THE PERSON SANCTIANT OF THE PERSON OF STATES

TWA REPURENCE FROM THE LANGUETING STORTER CHARLES

PARTICULAR CONTRACTOR OF THE PROPERTY OF THE P

BOAR HE SECTION AND ADDRESS OF THE LAND.

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_	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	HEALTH AND MENT		NE 8 2	0	9 4	7	-
(M)		CEASED NAME CORPRINT)	Benj		Ralph	n Ma	rk	2	April 21		DAY YEAR	26 HOU"	
ector en	3 SE	Male		Wh	ite	MON	OF BIRTH OAY 7, 1904	YEAR	AGE (IN YEARS LAST)	BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 2	MIN.
nerol dir n 72 hou		RTHPLACE (STATE OR FO COUNTRY) Virginia	REIGN 76	U.S.A		ITRY? 8.	D NEVER MARR	RIED 9	Baltimore City	OR COUNT	Y OF DEATH		MI
by the fulfilled with	10. C	Saltimore	Н 11	. NAME OF H	HOSPITAL, N		OR OTHER INSTITUT	ION II	20 USUAL OCCUPA TYPE OF WORK FOR MOS Minister	TION		odist	
filled in	130. 5	AL RESIDENCE (IF NURSING TATE	P.G.	HER INSTITUTION	13t. CITY OR	BEFORE ADMISSION	13d. INSIDE CITY LI	IMITS?	3e. STREET ADDRESS 4305 57t1				
completely 1 and 2 sho	14 FA	ATHER'S NAME FIRST Enjamin	MID		LAS Mar	51	15. MOTHER'S MA FIRST Fannie	IDEN NAME	WIDDLE		Por	ter	
Poges 1		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W			SECURITY NO. 4-6245	17 INFORMANT William	R. Ma	ADD ark,Sr. Hy		3 Galla	tin S	
been signed by the attendin rmit. Then please remove corb prior to buriol, cremotion, ar any injury, or other troumatic	CERTIFICATION	Conditions, if any, gove rise to imme couse (o), stoting underlying couse PART 2. OTHER SIGNI 19a. DATE OF OPERATION	diate the lost	nditions <u>co</u>	ONTRIBUTING		I NOT RELATED TO T		AL DISEASE OR CO	20b. IF YE	S, WERE FINDIR	NGS USED	
sit per giene giene	RTIFIC	21g. ACCIDENT WAS UNDE		21b. TIME O	5 IN 10 10 V		Tal. How hallow	4.0.00\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO	Y	FYING CAUSES	NO [45
as the burial-fran th and Mento! Hy orked ar Item 18 s	MEDICAL CI	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK AT WORK AT WORK	USE OF DEATH LEXAMINER)	HOUR A.P.	M. MONTH M. OF INJURY	DAY YEAR	21f. LOCATION STREET	OCCURRED	O (ENTER NATURE OF IN		PART I OR PART 2) COUNTY	ST	ATE
tached for use Dept. af Heol If Item 21 is m		220. I certify that (I) (t saw the deceased above, (I) (we) (did 22b. SIGNATURE	olive on _d) (did not) v	ottended the	e deceased f after death.	19 <u>82</u> , c	PHYS	NDING	oth occurred on the	AFF	19_82_, or and from the		e) los led
shauld be der with the Stote IMPORTANT:		22d. PHYSICIAN'S NAM	10	A.	Sno	Sw	27e ADDRESS 2Z	5.	Green	st.	Balt	21	2
48 ≯ ₹		BURIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME OF	d Cemeter		23d LOCATION CITY OR TOWN	ton	COUNTY	51. D_C	ATE
H- 16 50M 1/B1 VRA 15, 4)	24 FL	JNERAL DIRECTOR	ons F	н. Р.	HVA			25a DATE R	REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	HRE	

de la maria July 7, 1904 ratio on ritie nini wit. rotaleis Istinaon viterovist promitte are the hood at aladengbure dron orth. Ave. int - 5 han from the matron elumn" 11713 Tonimin . Ja mitaffet 7507 220-34-5245 Milliam N. Mork, Sr. Worksville, Maryland le lignt 18 , ic limi

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P. Gusch's Sons P.F. P.A. Prottsville, Md.

rantered housensky shelper

1	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 8 2	O	9 4	12
		Ceased Name First Constance	Mary B	evan M	ARSHA	LL	20 DATE OF DEATH	MONTH 0	6-82	8:10 +1
	3. SE	x Female	White		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST I	~	IF UNDER I YEAR	HOURS MIN.
8	(RTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts	7b. CITIZEN OF V	/HAT COUNTRY?	Mar MARRIE WIDOWE	D NEVER MARRIED	94 9 BALTIMO			M
4		TY OR TOWN OF DEATH BALTIMORE	UNION	MEMORIA	L HOS	OR OTHER INSTITUTION	12a USUAL OCCUPA (14PE OF WORK FOR MOS) Homema	OF WORKING LIFE		of Business or nemaker
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		Baltimo	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS 500 W. T	Jniver	Apt.	6K kwy.
0	14 FA	THER'S NAME FIRST Charles	MIDDLE	Bevan		15. MOTHER'S MAIDEN N FIRST Sarah Jan	MIDDLE	Walker	LA	Md.
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		Mrs. Cons	ADD	RESS	tv Pkv	wy. W. Univ
		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c)	ALA CONSEQUE	NCE OF FIN	HEART FR	n			
	TION	PART 2. OTHER SIGNIFICANT					MINAL DISEASE OR CO	ADITION GIVE	N IN PART 1	a
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH? NO [
7	_	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	AIII	. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE O	F INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (I) (this hospital that decembed all with the control of the c	1	deceased from	ar	nd that in (my) (our) opinion	, to			that (1) (we) last causes stated
		Wolfe Wolfe	f'to	Surber	, m	DEGREE ATTENDING PHYSICIAN		AFF ICIAN	22c DATE	SIGNED
		MAN T F	SEPRINT)	ZIEKK	9	22e. ADDRESS			16	2-0/

DHMH - 16 50M 1/81 (VRA 15, 4)

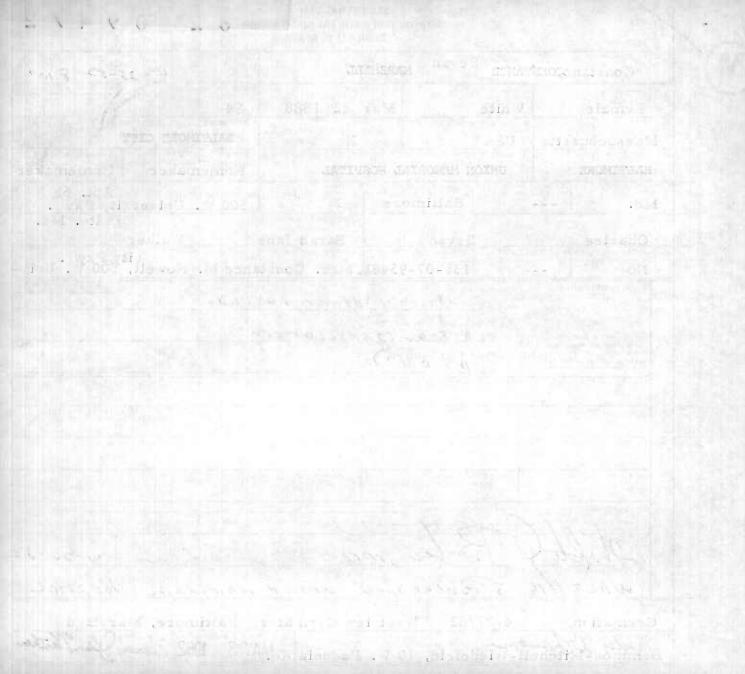
IMPORTANT: If Item 21 is marked at Item 18 shaws any in

236. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation, 23b. DATE 4/27/82 23c. NAME OF CEMETERY OR CREMATORY

13d LOCATION CITY OR TOWN

Baltimore, Maryland

Cremation 4/27/82 Westview Crematory Ba
24 FUNERAL DIRECTOR 250. DATE REC'D. BY
Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd. AY 3



5	1-	FOR STATE REGISTRAR		DEPARTMENT	OF HEAL	MARYLAND TH AND MENTAL I CERTIFICATE (2	0	9	4	7	3
		CEASED NAME FIRST		WIDDLE		LAST		DATE KNO	REG. NO.	MONTH	DAY	YEAR	25. HOUR
Paris De	(TYI	PE OR PRINT)			,	MARSHALL		OF ES	TI-	4		19 82	28. 1100K
A SOURCE AND A SOU	3. SE		S. DATE OF BIRTH	6 AGE		UNDER 1 YR. IF UNDER		DATE		MONTH	DAY	19 OZ YEAR	2d HOUR
3.8.5.Z	М	ale Black	MONTH DAY	50 32	IRTHDAY] MC	ONTHS DAYS HOURS	MIN. PR	DEAD)	4	16	1982	12:20
SAR YOUR STO	30 B	IRTHPLACE (STATE OR	76. CITIZEN OF W		I R	70	9.	BALTIMORE	CITY OR	,			Рм
SA SE	FC	oreign country) Md.	USA			RRIED X NEVER MARE		altimo	re C	itv			
SE S	ID C	ITY OR TOWN OF DEATH	11. NAME OF HOS		IOME, OR O	THER INSTITUTION	120. USUAL	OCCUPATION OCCUPATION	ON (TYPE O			ND OF BU	
ZEAE DO		Baltimore		nn Dr. (w		area)	FOR MOS	T OF WORKING	(IFE)		O	R INDUSTR	RY
ANN	USU.	AL RESIDENCE (IF IN NURSING HOME OTATE 13% COUN	OR OTHER INSTITUTION, G		OMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET	ADDRESS					
ZEGÖETEN AN SIZ	130.	Md.		Balto.	MM	YES NO [B Vira	inia	AVE	> .		
H. IF. 12. SI. 12. SI. 12. SI. 14. IF. IF. IF. IF. IF. IF. IF. IF. IF. IF	14. F.	ATHER'S NAME	MIDDLE	LASY		15. MOTHER'S MAID		MIDDLE		11.1		LAST	
SEST RESIDENT	0	James		urner		Vivien		, MIDDLE	Mars	sha]		LAST	
PAG ORA	16a. V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC		17. INFORMANT			DDRESS				
ALT SIVE SIVE VISIO		No		217–54-	-3356	Janet Ma	rshall	3138	Virg	gini	a A	ve.	
DURS 18. O WIT. P		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D DV		.)						BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
ON O	1		TE CAUSE (o)	Hanging					19.1			11-11	
IN I IN I		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF								
WITH NCILL	-	gave rise to immediate cause (a) stating the under-	(' '								-		
MED Y WE'T	10	lying couse lost.	DUE TO, OR	AS A CONSEQUE	VCE OF								
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR 23 SHOULD BE USED AS A BURIAL - TRANSIT FERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WE PRESTON OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	PART 2 OTHER SIGNIFICANT CONDITIONS	(CONTRIBITING TO DEATH	BUT NOT BELLITOR TO THE	T T D M T M T M T M T M T M T M T M T M								
SA B SA B SEW	Z	THE STATE OF THE S	CONTRIBUTING TO DEATH	BOL MOL KECKLED ID THI	C TERMINAL UISE	ENDE DIE CONDITION PLATE IN LA	AKI I (d)						
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TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAGE BALTIMORE, MARYLAND, 21201 PRIO	22 -					_ADDRESS			10.,	Mu.		1201	
1	230. B	URIAL, CREMATION, REMOVAL				OR CREMATORY	23d. LOCA CITY OR T	OWN		coul	2000	STA	ATE
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME FIRST WIDDLE DATE KNOWN ESSARY, PLEASERAL DIRECTOR.
OR YOUR FILES.
HOURS (TYPE OR PRINT) ESTI-1082 Dorothy DEATH MATED X Marsiglia 4 RACE IF UNDER 24 HRS 5. DATE OF BIRTH AGE LIN YEARS DATE 10:3 YEAR LAST BIRTHDAY) PRONOUNCED 23 26 White 55 DEAD 6 1982 a. M Female 75 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. Baltimore City WIDOWED DIVORCED FILED. ID. CITY OR TOWN OF DEATH AND 3 TO THE B RETAIN PAGE 3 HOULD BE FILED, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore 706 S. Woodington Avenue Key Punch Operator USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 706 S. Woodington Road 13a. STATE 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 18. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETAIL FORM PM 2. RETAIL PAGES 1 AND 2 SHOU S. DIVISION OF VITAL REC Maryland Baltimore YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Alphonsus Geisler Citro Loretta 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS 21229 (YES, NO, OR UNKNOWN) NO 220-18-9868 706 S. Woodington Road Louis Marsiglia APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Asphyxia from hanging by neck DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION 19g. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARYLAND, 21201 PRIØR TO BURIL, YES XX NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIME OF INJURY est 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING XXOR MEDICAL 24 19 82 CONTRIBUTING CAUSE OF DEATH subject hung herself 216 PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 706 S. Woodington Ave. . Baltimore. Md. Home Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 4-26-82 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. III Penn Street (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Maryland 4/29/82 Loudon Park Cemetery Baltimore Burial BP 24. FUNERAL DIRECTOR 250. DATE RECD BY REGISTRAR USB. REGISTRAR'S TONATUME APR 28 1982 21229 **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)) 15M 2/80

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ECTOR: d for use f. of Heo m 21 is m		220. I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	Amr	1/2 10 8		d that in (my) (our) opinion o	to April 2, 1 death occurred on the date and hour	9 A 2 , that (I) (we) lost and from the causes stated
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1/1	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0	9 4 7 6
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oge 4 mo	3 SE	FEMALE	1 RACE WHITE	5. DATE OF BIRTH MONTH DAY 1931	6. AGE (IN YEARS LAST BIRTHDAY) 51 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
nerol di n 72 ho		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	ITY MD
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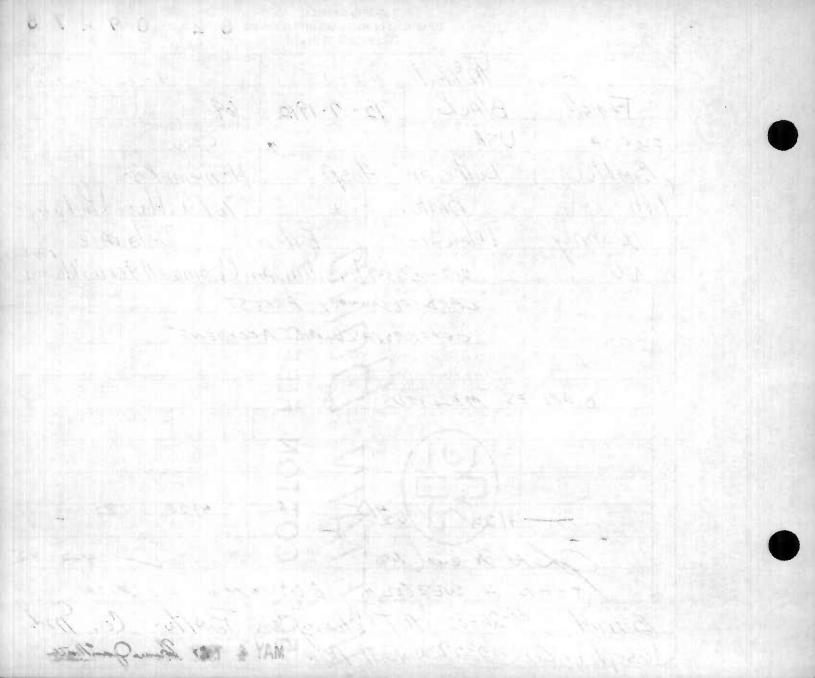
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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/1	STATE OF MARYLAND	
7 I - FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
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출 을 호 존 ㅎ │ 🔒 21d. INJURY OCCURRED	216. PLACE OF INJURY (14) HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
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1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLA EALTH AND N ICATE OF D	IENTAL HYG		2 0 EG. NO.	9 4	7 9
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(VRA 15, 4)

23a. BURIAL, CREM

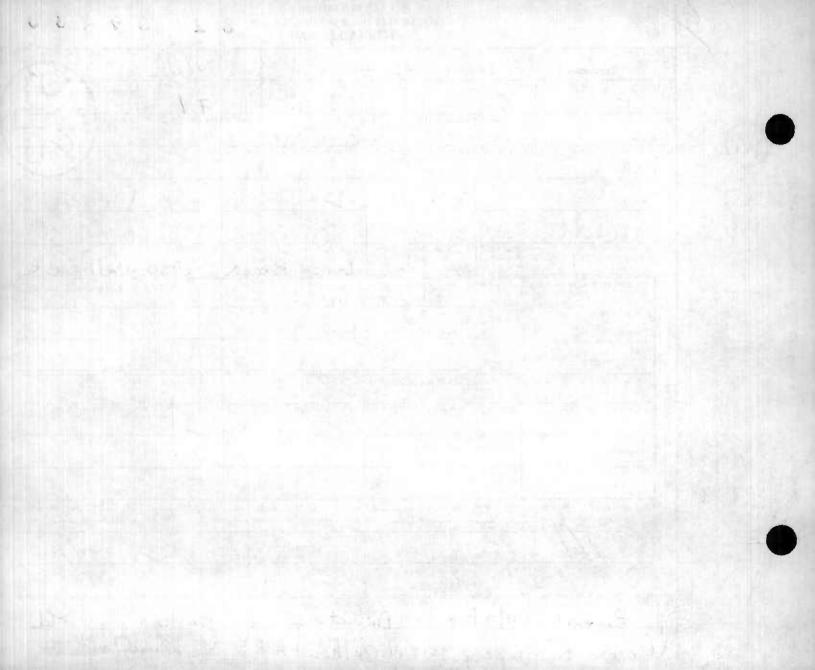
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COUNTY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR C. March

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FOR			STATE OF MARYLAND		
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21d white	certify that (I) (this hospita		2//6 , 19_/		19, that
220.1	certify that (I) (this hospita		ond that in (my) (our) opinion	, 10	te and hour and from the cous
21d white at wo 220 1	certify that (I) (this hospita	ol) ottended/the deceosed from	ond that in (my) (our) opinion DEGREE	, 10	te and hour and from the cous
21d WHILL AT WO 220.1	certify that (I) (this hospital ow the deceased alive on bave, (I) (we) (did and notion		DEGREE ATTENDING	death occurred on the do	te and hour and from the cous
21d while AT wo 220.1	certify that (I) (this hospital ow the deceased alive on bave, (I) (we) (did and notion	view the body after death J. Park, A.	DEGREE	death occurred on the do	te and hour and from the cous
220. S	certify that (I) (this haspito ow the deceased alive on bove, (I) (we) (did) (d d not) IGNATURE	view the body after death J. PRINTS	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the do	te and hour and from the cous
22d F	certify that (I) (this hospital to the deceased alive an bove, (I) (we) (did (Id) and IGNATURE) HYSICIAN'S NAME (14PE OR	view the body after death PRINTED A. OSNEY	DEGREE ATTENDING PHYSICIAN 22e ADDRESS July †	death occurred on the do	te and hour and from the cous
22d F	certify that (I) (this haspito ow the deceased alive on bove, (I) (we) (did) (d d not) IGNATURE	view the body after death PRINTED A. OSNEY	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the do	te and hour and from the cous



24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD

21222

DHMH - 16 50M 1/B1 (VRA 15, 4)

MIDDLE

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126 KIND OF BUSINESS OR

Beth. Steel

Fulford

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

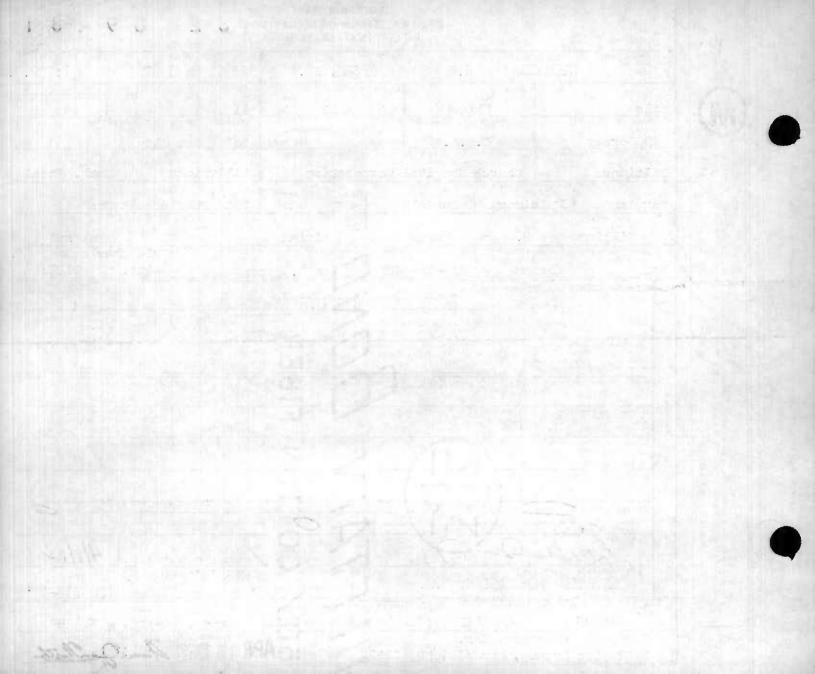
COUNTY

22c. DATE SIGNED

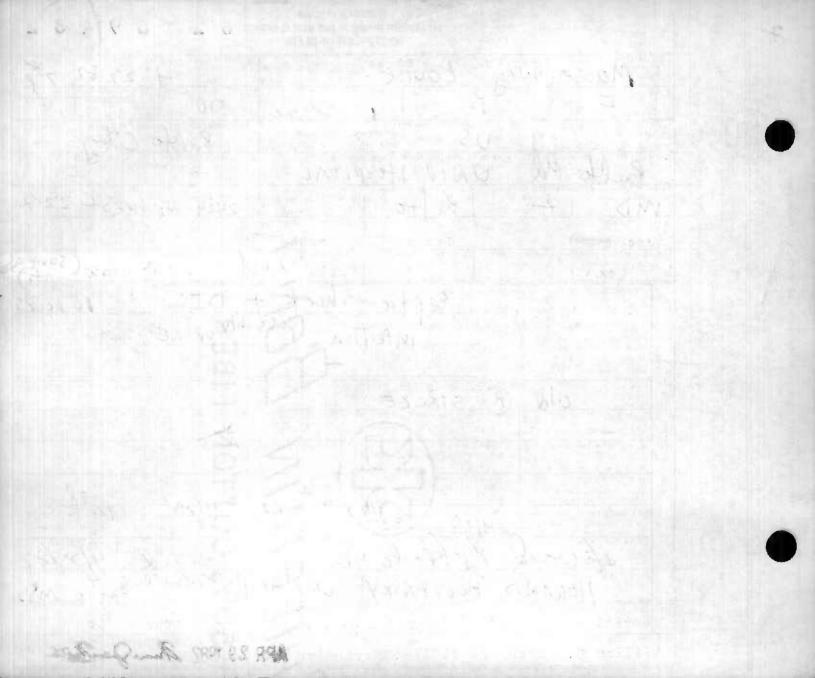
STATE

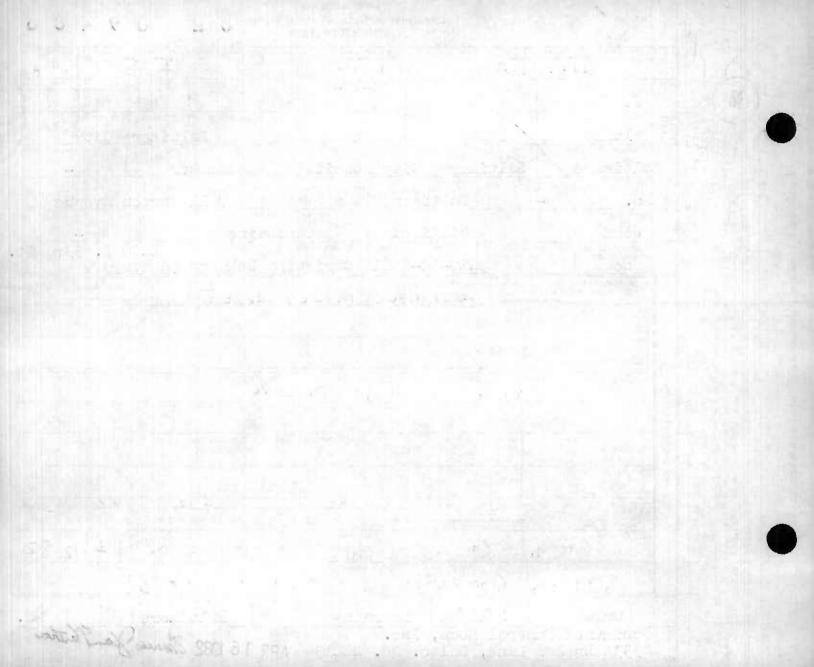
1:20P.M.

20 DATE OF DEATH



7	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	9 4 8 2
oy be coge 3 deoth	(îy.P)	CEASED NAME FIRST Ha	ung Lo	UISC t	AST	4 2	27 82 738 M
4 mo	3 SE	F	RACEU B	S. DATE C		_	IF UNDER 1 YEAR IF UNDER 24 THRS. AONTHS DAYS HOURS MIN.
ON 35	la-B	IRTHPLACE (STATE OR FOREIGN) COUNTRY) X Md	CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED DI DIVORCED	9 BALTIMORE CITY OF COUNTY	OF DEATH MD.
by the filed with		Balgo Md	1). NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVE	STREET ADDRESS!	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KAT OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of termination physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled that and Mental Hygiene prior to burial, cremation, or remaval. orked ar them 18 shows any injury, or other troumatic event, the medical examine finus be formally and them that the properties of	130	AL RESIDENCE LIF NURSING HOME OR C	TY 13c. Sy OR	ELEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS MOS he	eRS+ 21217
MARY and 2			Bea	ams	Martha	WIDDLE	IAST
IMORE,		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO.	Carlonua M	lassenburg 2409	W. Moshers
ST., BALI rtificate g physicia an popers emaval.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for 10 , () BY: CAUSE (0)	PTIC	shock	+ DI.C.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce otherding ove carb fran, ar r		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF	tion - poc	subly URINE	
that the by the cose remail, crema		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	sequence of	-		
equires to signed Then ple r to burne injury, o	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	OLE OLE	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
he law rangon. hos bee t permit. rene pria	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
PHYSICIAN: T ending physici this certificate to buridi-transi and Mental Hygin dar frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	ART I OR PART 2)
DIVISION DING PHYS or attending After this of the bur of the and Mee of the bur of the order of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DEFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY & STATE
TTEND optof a Dottof a Dottof a Dottof a Doring and Heal		220 I certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	4/29	19 87	nd that in (my) (our) opinion	death accurred on the date and hour	19 that (1) (we) lost rond from the couses stated
AL OR A. the hospital detoched detoched of Dept.		22b. SIGNATURE	& Bols	-	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	4/24/82
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the Store [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR	2D BOUT	ANSKY	220 ADDRESS WIN H	osp society	BALTO MD
BP	230	BURIAL, CREMANON, REMOVAL SPECIFY) BUrial	23b DATE 4/30/82	Cedar	Hill Cem	Afine Arunde	e T Co Ma
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director Vil ^{Ti} am C. Mar	ch F/H 110°		250 DA	R 29 1982	RAP'S SIGNATURE





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William C. March F/H 1101 E. North Ave

(VRA 15. 4)

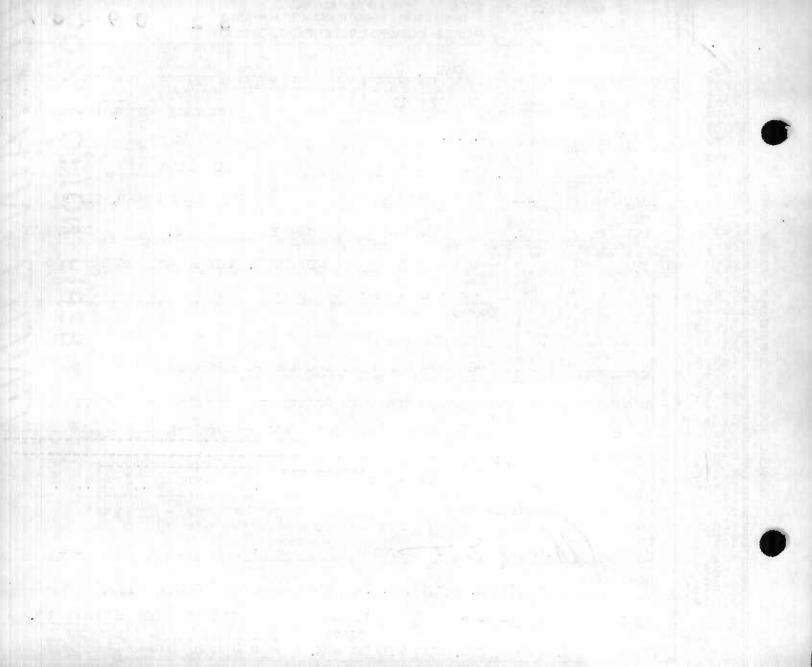
Royal Address and the first of the state of the MATE CRUM MID

	FOR - STATE REGISTRAR	1 30 LE 1911	CERTIFICATE	AND MENTAL HYG	REG. NO		486
	PECEASED NAME FIRST	D.	LAST MAN		20. DATE OF DEATH		2b HOUR
2	CECELIA	I4 RACE	MAY 15. DATE OF BIRTH		APRIL	10, 1982	YEAR IF UNDER 24 H
	FEMALE	WHITE	MONTH	DAY YEAR		MONTHS	DATS HOURS M
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED N	8 1913 NEVER MARRIED DIVORCED		ORE CITY	
0	BALTIMORE	111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 5520 LEITH RI	D.	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE) INDU	IND OF BUSINESS STRY
5	MD.	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNTY 13c CITY OR TO BALTIMO	ORE ADMISSION) ORE VES	ISIDE CITY LIMITS?	13e. STREET ADDRESS 5520 LEIT	H RD.	
14	FATHER'S NAME FIRST Nicholas	W. DOHONY		OTHER'S MAIDEN NAM	ME		Creaghan
160	. WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] [HEYES, C	ARMED FORCES? 166 SOCIAL SEGUE WAR OR DATES) 212–18-		chael P. M	ay, 1631 Sh	SS	
CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONE	DITION GIVEN IN PA	INDINGS USED
			DAY YEAR	OW INJURY OCCURR	YES NO	YES THEM 18 PART I OR PA	NO
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		OCATION STREET	CIFY OR TO	wn conn	TY STATE
	sow the deceased alive of	pitol) ottended the deceosed from Me Mc No 19 not) view the body infinity health			, to Apendo	ite and hour and from 22c. [
	Davis M.	Hahn	22e A	DDRESS	L Raven	. 1	21239
	BURIAL, CREMATION, REMOVA (SPECEY) BURIAL		NAME OF CEMETER		23d. LOCATION CITY OF TOWN BALTIMOR	E COLONY	Matio.
	FUNERAL DIRECTOR NAME MITCHELL-WIEDEF	ELD HOME 6500 YO		250 APT	RI 4 190Z	your for	Felicitist

20"

MATCHES AND AND ADDRESS OF STREET

4	P.B		ems 21c.	Film#G5	66 DEPARTMENT		MARYLAND H AND MENTAI	HYGIENE	0	9 4 8	1
./	K	REGISTRAR				AINER'S	CERTIFICATE	OF DEATH "	REG. NO.		
/		DECEASED NAA	AE FIRST		WIDDLE	-	LAST	2a. DATE OF	KNOWN A	ONTH DAY YEAR	2b HOUR
LEASE CTOR FILES FREET.	L				DUANE.	N	MAYHLE		MATED 4	-1-82 19	M
	1.1	SEX	4. RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF U		ER 24 HRS. 2c. DAT	L	ONTH DAY YEAR	24 HOUR 5:05
DNS DNS	- Breit	ale	white	05 18		2 YRS.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEA	D 4	-1-82 19	J. 0 J
ALCO EN	10	BIRTHPLACE (STATE OR	76. CITIZEN OF WI		8. MARE	RIED NEVER MA	RRIED S 9. BALTI	MORE CITY OR C	OUNTY OF DEATH	P
雅區的	9	MARYL		U.S		WIDO		RCED Balt	imore Ci	tv.	MD.
2. 五角地の	10	CITY OR TOWN	OFDEATH	11. NAME OF HOS	PITAL, NURSING H	IOME, OR OT	HER INSTITUTION	12a USUAL OCC	UPATION (TYPE OF V	VORK 126. KIND OF BI OR INDUS	USINESS TRY
21201 ANN DELA AND 3 TO RETAIN PHOUD BE RECORDS	4	Baltimor	e	St. Agn	es Hospi	tal		STUDE	NT	N/A	
E, MD. 21201 ATH. IF ANY DEL SS 1, 2, AND 3 TO PM 3. RETAIN P ND 2 SHOULD BE	130	STATE	136. COU	OR OTHER INSTITUTION, GI	13c CITY OR TO	VN	134. INSIDE CITY LIMITS	13e. STREET ADDE	RESS		
SHOW SHOW	2	MARYLA			BALTIMO	ORE	YES NO	the state of the s	KHAM ROA	D, 21229	
MD. TH. II	00	FATHER'S NAM	ΙE	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	LAST	
AN PER	201	WILLI		D.	MAYHI		NANCY		J.	DOUGHE	RTY
BALTIMORE, M JRS AFTER DEATH. 8. GIVE PAGES 1. WITH FORM PM. T. PAGES 1 AND 2. DIVISION OF VITA	1 100	(YES, NO, OR UNKN	OWN] (IF YES, GIV	E WAR OR DATES	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS		
ST. BALT OURS AF 18. GIVE S. WITH I	′ ⊨	N/A			NONE		WILLIAM	D. MAYHLE	421 WI	CKHAM ROAD	
FON ST., 24 HOUR ITEM 18. LONG W PERMIT. GIENE, DI		18 CAUSE (FATH WAS CALLS	nly ane cause per line ED BY:						APPROXIMAT BETWEEN ONS	E INTERVAL
PRESTON ST., ITHIN 24 HOUI CIL IN ITEM 18 AURY ALONG W AURY PERMIT. AL HYGIENE, I REMOVAL.		91	L O IMMEDIA	ATE CAUSE (a) Cr	AS A CONSEQUE		rauma				
EMONTH AND THE STANDARD THE STA		Condition	ans, if any, which	-	AS A CONSEQUE	ACE OF				AND DELV	
W. P.	1		rise to immediat		AS A CONSEQUE	ICE OF					
201 V EXAMEL - SON, CON CON CON CON CONTRIBUTION CONTRIBU		lying ca		, , , , , , , , , , , , , , , , , , ,	AS A CONSEQUE	ACE OF					
SUR! EAND		PART 2 OTNER	IGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	RUT NOT PELATED TO TH	TERMINAL DISCLA	CE OB CONDITION CIVEN IN	DADY I			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ARDED TO THE CHIFF MEDICAL EXAMINER ALONG 3 AGG 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 1201 PRIÇK TO BURIAL, CREMATION, OR REMOVAL.	2				out were stated to the	TERMINAL DISEA	or on condition blift in	PAKI I G			
PEN MEN LEA	and	19a DATEO	FOPERATION	196 CONDI	ION FOR WHICH	OPERATION V	VAS PERFORMED?			20 AUTOPSY	7
SHOULD ORD "PE OF I F A E USED A T OF HEA URIAL, C	7	É								YES 🗆	NO 🗆
NE S PE S PE S PE S PE S PE S PE S PE S P	# 1	21a EXTERN	AL CAUSE WAS	216 TIME OF		214	THE REPORT OF SHEET	swinging 2			
PROUL SELVEN			G X X OR ING CAUSE OF	HOUR A.M	. MONTH DAY		0	tree-which			
IVISIGNATION OF THE PRICE TO TH		214 INILIRY	OCCURRED	21e. PLACE (AE. FYLLE	WHIPD YOF T	ett-striki	no sub le	ct-	
ARBIANTE L	4	AT WORK	NOT WHILE	xxx woode	d area i	rear	of 5000bl	k.Frederic	K Ave., B	atto.,Md.	STATE
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DER BALTIMORE, MARYWAND, 21201 PF	5			ne at the regulans des	cribed abave held	an Auta	psy 🖾 Inspec	tian , Inquir	. D godin	my apinian	
AND THE	34	death resul		ural couser .	Acciden XX	Suicide L	, Hamicide	. Undetermined n		my apiman	
ERTIE B WITH		1	101	(D) ()		-	TITLE (SPECIFY)	ondere mine di	idiller		
A SOUGH		SIGNATURE	(Mor	Mark Du	I X	FOR	A.D. Assista	nt MEDICAL EXA	MINER S	ATE 4-2-82	,
DEA STEET	7	- EVALUEDO	-		10					10110	
A COUNTY OF THE PERSON OF THE	1	(TYPE OR PR		garita A.	Korell.	1.D.	ADDRESS 111	Penn Stre	et		
BATARA	230	BURIAL, CREMA	ATION, REMOVAL	23b. DATE	23c. NAME O	CEMETERY C	OR CREMATORY	23d. LOCATION		COUNTY S	TATE
2 / 3 /BP		BURIAL		04-05-82	GOOI	SHEPH		ELLICOT		HOWARD M	D.
253 DHMH-17	24	FUNERAL DIRE	CTOR	ADDRESS		212		E REC'D. BY REGISTR	AR 256 REGISTRA	AR'S SIGNATURE	
(VR A15 ME (5))		HUBBARD	FUNERAL	HOME, INC	. 4107 W	LKENS	AVE. A	PR 5 1982	france	Manller Co	2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	١٥.		
	1. DEC	OR PRINT)	NMI	N	AST AST	20. DATE OF DEATH	MONTH DAY	1982	26 HOUR 4: 15 P.
	3. SE)	* samue 1	4 RACE	5 DATE O	FBIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
		Male	Black	MONTH	ZI 18	64	YRS	THS DAYS	HOURS MIN.
2	7o. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	whe a	DEATH	
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME O	D DIVORCED C	12g USUAL OCCUPAT		KINDO	MD. F BUSINESS OR
3		Baltimore City	IF NOT IN SUCH FACILITY GIVE	VE STREET ADDRESS)	uxand Hopping	AND THE PERMOST	OF WORKING (IFE)	SHOUSTRY.	- Cleaning
5	Ha. S	AL RESIDENCE (IF NURSING HOLE OR STATE 131 COUN		RYOWN	13d. INSIDE CITY LIMITS?	1827 1	J. Gilmo	ire st	: 21217
	III. FA		MIDDLE A. A. LA	AST	15. MOTHER'S MAIDEN N	NIDDLE		LAS	τ
2	17 57	Samuel VAS DECEASED EVER IN U.S. AR	May	L SECURITY NO.	ASH	ADDF	DECC	Lauss	M
			(E WAR OR DATES)	16-6372	Annie Mayo		Imme st.	Bult.	m/2/2/7
		8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY:	(b), and is lune	20			BETWEEN	MATE INTERVAL ONSET AND DEATH
		5712 IMMEDIAT	TE CAUSE (a)					200	GC0
		Conditions, if any, which	DUE TO, OR AS A CON	1 1 1 11	me, Diabe	yes Mellin	,		
	6	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	USEQUENCE OF .		1- /	1 151		
		underlying cause last.	(c) N/Coh	which w	en Disease	, angestive to	rest teaps	re	
	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COM	NDITION GIVEN	IN PART 10	31
+	ATIO	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS LISED
2	CERTIFICATION	None	N		T TAO TENTONINED	YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
2	8	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				176.7	
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATÉ
		22a I certify that (I) (this hospi	tall attended the deceased	tram 4/20	182 10 CA	1 10 4/30	10	92	that (I) (we) last
	1	saw the documed alive on	4/3/	19 801 00	d that in (my) (aur) apinio	on death occurred an the o	date and have a		
		22b. SIGNATURE	1. Toula		DEGREE ATTENDING PHYSICIAN			220 DATE	SIGNED
		22d. PHYSICIAN'S CHAME VIYPE O	R PRINT	-	22e ADDRESS	DIRECTOR E ATTO	1	111	10-
		Chooping T-	1 cuylore MD		Famy by fealth	contin 4. of	Mrd. Hear	2 K	ict., mel
		SURIAL, CREMATION, REMOVAL	-1-1	14.	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		Burial	5/5/82	King	men. IK	balt	more	Ce.	mo

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

1101 E. North Ave march F/H

MILE CONTRACTOR OF THE STATE OF But I S/2/32 Kind man M. Baltimera Sec. 1. Was Title and we say the first was an Aug. D. Mar. injury, ar ather traumatic event, th

MPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND

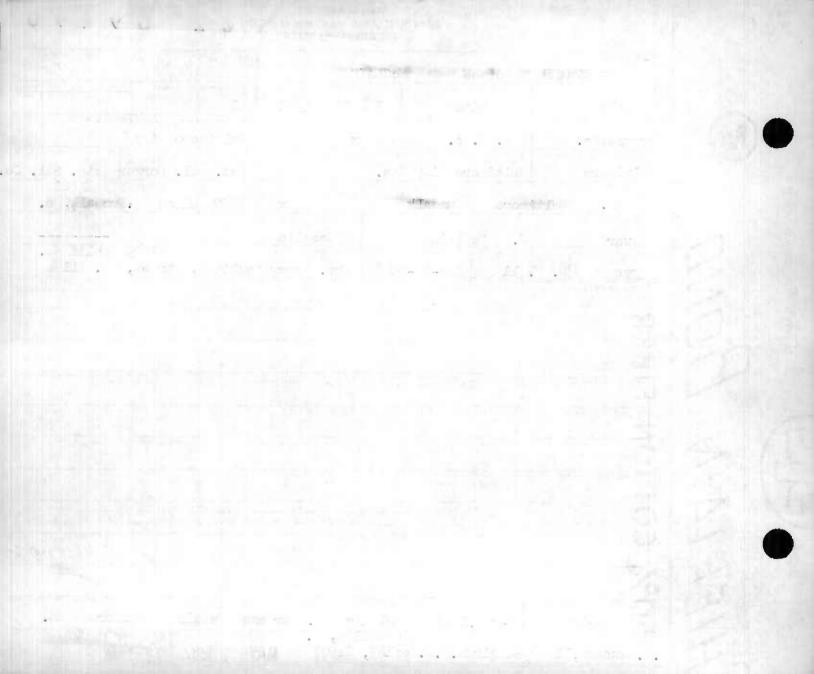
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR		DEPARTMI		EALTH AND MENTAL HYG	IENE 8 2 REG. NO	0	9 4	8	9
	CEASED NAME FIRST E OR PRINT) MAGG		3/anche	N	1AYS.	20. DATE OF DEATH	4 - 4	4 - 1982	2b. HOUR	10
3. SE	Female	Whit	ŧ-	JULY		6. AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 2	MIN.
1	Mary land	41.5.		MARRIE WIDOWE	DIVORCED	9. BALTIMORE CITY O	nore	City		MD.
В	altimere	The Wa	ESTEY HON	DERESS)	INC,	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O housewi	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINES	SSOR
130	AL RESIDENCE (IF NURSING) OME OR OF STATE MAYY AND ATHER'S NAME	TY	131. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS? YES XX NO 15 MOTHER'S MAIDEN NA/	13e STREET ADDRESS 2211 W.	Rogers	Avenu	e .	
	William	NIDDLE	Wayne		Clara	WIDDIE		Bu	1	
100	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	220 36 8		The Wesley	Home 2211		ers Au		
1	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per BY. CAUSE (a)	ACUTE	-	LUNAC FAIL	upe		BETWEEN C	MATE INTERV	HTARG
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	(b)	R AS A CONSEQUEN SQUHMOUS R AS A CONSEQUEN	Cer	- CARCINOMA	OF CERVI,	X	MON	THS.	
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		DA FINE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	N IN PART 100 WERE FINDIN	NGS USED	
ERTIFIC	210 ACCIDENT WAS UNDERLYING	21b. TIME O	IF IN ILIRY		21r. HOW INJURY OCCURE	YES NO NO	YES		NO [
MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.	m. month day m.	YEAR 19		TEMER MATORE OF MASO				
MED	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	ATE
	220 I certify that () (this haspite sow the deceased olive or above, (1) (we) (did) (did not				nd that in (my) (our) opinian	death accurred on the de	ate and haur		that (I) (w causes stat	
	22b. SIGNATURE	E. Q	oley on	m.	THE THE PERSON NAMED IN TH	MEDICAL STAI DIRECTOR PHYSIC	FIAN	221. DATE	SIGNED 8	ر
	22d PHYSICTAN'S NAME (TYPE OR ROBERT	A	184 JR	/	8872 B	ELAIR T	CAD	2	123	6
230.	BURIAL, CREMATION, REMOVAL Burial	236. DATE 4/7/			EMETERY OR CREMATORY Urg Cemetery	23d. LOCATION CITY OR TOWN	early Barre	COUNTY	51	TATE
24 F	UNERAL DIRECTOR Burgee Funeral	Home	3631 Fall		25a. DAT	PR 5 1982	Franc	Day.	Wastle	

DHMH- 16 50M 1/81 (VRA 15, 4)

11 . 1 . 1 erltino e de la companya de la comp Augera steroit. Like aromitica e la like a la entropy in the liter come all ... over the common .co .coffin medaral medaral concerns I similar error useral to a 131 talls road 21211

(FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8 2 N	0 9	4 9	0
ny be age 3 death	(I. 1	DECEASED NAME FIRST PRE OR PRINT) EDWARD	, /GLEI	NN /	McCLA	IN)	20 DATE OF DEATH	28/ 82	YEAR 26 HO	OUR ZOAM
4 may tar, po after a	3.	Male	4. RACE Wh:	ite	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY IF UNDI		ER 24 HRS
(M) 7	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tyrone, Pa.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Baltimore city of	OR COUNTY OF DE	ATH	MD
B	10	Baltimore	LIE NOT IN SH	HOSPITAL, NURSING CHEACILITY, GIVE STREET OTE City	APPRECEI	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Stl.	DE WORKING HEEL IN	KIND OF BUSI	
Miled in Out of the	5	B. STATE	NOTHER INSTITUTION	13c CITY OR TOW Dundalk		13d INSIDE CITY LIMITS? YES NO 3	13e STREET ADDRESS 1900 Tols		21222	
S Od 22	S C	FATHER'S NAME FIRST Edward	R. Mo	cClain		15 MOTHER'S MAIDEN NA FIRST Rosella		100	LAST	
n and co	2 160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	184-16-		Mrs. Nancy			iblin Ro	
requires that the death cert seen signed by the attending it. Then please remove carbon ior to burial, cremation, or res	TION	Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O		DEATH BUT					
The law cion.	CERTIFICATION	190. Date of OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING YES [E FINDINGS US CAUSES OF DE NO	ATH?
DING PHYSICIAN: The or otherding physicion After this certificate It is as the buriol-transit oith and Mental Hygie marked or Item 18 sho	MEDICAL CE		21e. PŁACE	OF INJURY .M. MONTH D, .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		PART 2}	STATE
haspital haspital haspital haspital haspital hed far usept. af Hem 21 is		27a I certify that (1) this hasp sow the deceased alive as above (1) well (did) (did no 27b SIGNATURE	41.6	diter death		DEGREE ATTENDING	death accurred on the d	FF 22	rom the couses	
TO HOSPITAL Cretained by the TO FUNERAL D should be detected with the State D IMPORTANT: If	22-	22d. PHYSICIAN'S NAME (TYPE C	P/BI	312	LAME OF S	PHYSICIAN [22e. ADDRESS	DIRECTOR PHYSIC	IANY	1/00/	
∩ BP	230	Burial, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE May 1			emetery or crematory ir Mem. Garde:	ns Belair	Harfor	rd Md	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. E	F.Lassahn,11750		1/ -	ngsvi xll ₁ 7,	21087 NA	E REC'D. BY REGISTRAR	25h HGISTRA	SICINOVIRE C	£



4	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	09491
b Pe	I. DE	CEASED NAME FIRST LULU BI	rooks-McClinc		LAST	20. DATE OF DEATH # 4/11/82	AONTH DAY YEAR 26 HOUR
29e 4 mp	3 SE	Female	4 RACE Gauc.	work	OF BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN. YRS.
he funeral al within 72		IRTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU U.S.	MARRI		Balto.	
fled fled		Balto.	(IF NOT IN SUCH FACILITY, GIV	hestnut		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Waitre	WORKING LIFE) INDUSTRY
filled in hauld be	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	ITY 13c. CITY O	R TOWN 1 to •	136 INSIDE CITY LIMITS?		estnut Ave.
completely and 2 shriner	14. F.	ATHER'S NAME FIRST ?	MIDDLE LA	ST	15. MOTHER'S MAIDEN NA FIRST	WE	LAST
Poge:	16a \	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2-7520A	17. INFORMANT Daughter	ADDRES	S
e death certificate be attending physicial move carbon papers. It aumatic event, the		4292	ly one cause per line for (a), D BY: E CAUSE (a) A? DUE TO, OR AS A CON	ω./			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the ed by the olease rem rial, crema ar ather tr		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON				
beer mit.	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	Paris i D.	abetes		20g. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN The long physician. certificate has arrial-transit per tental Hygiene pitem 18 shaws 1		21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT		21c. HOW INJURY OCCUR	YES NO	YES NO
DING PHYSICIA or attending pl After this certif e as the burial-t olth and Mental marked or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENI Spital CTOR: far us of He		22a.1 certify that (I) (this haspit sow the deceased alive an abave, (I) (we) (did) (did not	Hone 10			Z, ta hori	e and haur and fram the causes stated
by the by the ERAL e detection State NAT.		226. SIGNATURE LES	ids Golds	geier in	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	an U 4/12/82
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote MAPORTANT:	22- 1	Sheldon	Goldgeier	122 MANG 05	711 W4		Between up
306BP	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	136. DATE 4/14/82		e View	23d. LOCATION CITY ORTOWN CARROL	04 671
DHMH · 16 60M 7/73 (VR A 15 (4))		UNERAL DIRECTOR NAME LUL E. Chenoweth	3rd. 3617 C		Ave.	RT 5 1982	REGISTRAR'S SIGNATURE

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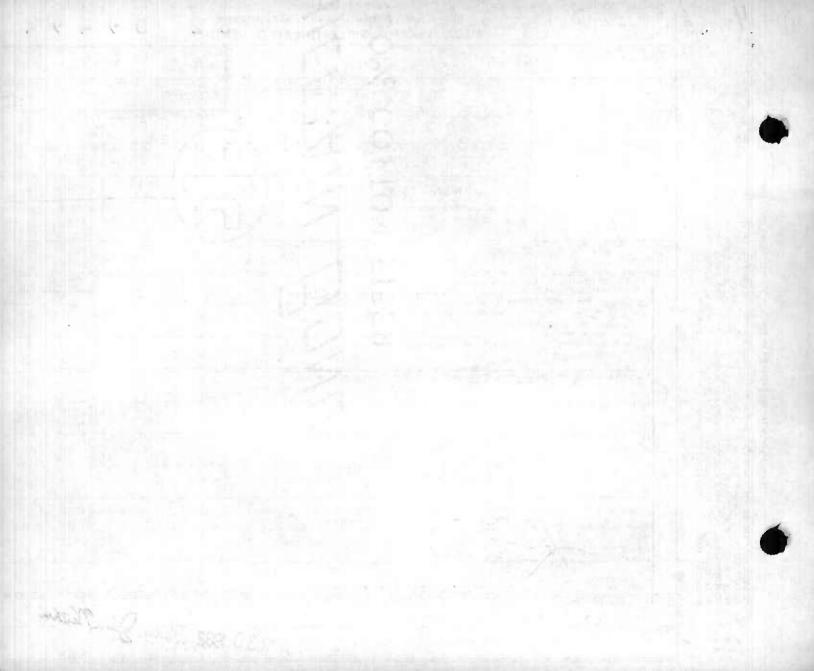
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m 5		OR PRINTI	THE TOTAL	MIDDLE C.	· ·	AST McCorkle	20. DATE OF DEATH	MONTH 4 DAY 18	BEAS 2 26 HOUR
roy be poge 3 er deoth		MELV	IN C		M	CCORKLE		4 18	82 2:20P.M
	3 SE	10 4	4. RACE	1	5. DATE C		6. AGE IN YEARS LAST BIR	THDAY) IF UNDE	R LYEAR IF UNDER 24 HRS. DATS HOURS MIN.
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1 219	_	RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIE		Beltimore		ATH
d within	10 C	ITY OR TOWN OF DEATH	11. NAME OF	H FACILITY, GIVE STREET	ADDRESS)	DROTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126	KIND OF BUSINGSTOP.
be filed		AL RESIDENCE IN NURS		es Hospit			Retired	me.	scriigilouse
should b	13a. S	Marylend Ba	ltimore	Cetonsv:	/N	13d. INSIDE CITY LIMITS	624 Longvi	ew Drive	2122B
Second 2 s	14. F/	Williem	Alfred	McCo	orkle	15. MOTHER'S MAIDEN	NAME LOOIE		Perry
Poges 1	16a. \	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS	
S. Pogo			3-1953	232-44-	-7738	Ruth E. McCi	orkle Same a	as # 13	
		18 CAUSE OF DEATH (Enter	only one cause per	line far (o), (b), ar	id (c).)				APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
g physic onpope emovol.		PART I. DEATH WAS CAL	JSED BY: HATE CAUSE (a)	PULMOI	VAR	EDEMA			
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ottendin otion, or troumotic		Conditions, if any, which	(1b)_	HEPA	TOCE	LLULAR C	ARCINOMA		
the o		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQU					
by See ofh		underlying cause last.	(6)	1		ONAL CIT	2RHOSIS		
an signed Then pled ir to burial injury, or	Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN I	PART 1(0)
rmit. T	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED
hos h	F						YES P NOT	IN CERTIFYING C	NO
	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU		
certificate priol-tronsi tental Hygi Item 18 sh		OR CONTRIBUTING _ CAUSE OF			AY YEAR				
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d d d +	ME	WHILE NOT WHILE I		REET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OR 10	WN CO	UNTY STATE
		22a.1 certify that (I) (this ha	spital) attended th	ne deceased from_		, 19	, ta		, that (I) (we) last
for us of He 21 is		sow the deceased olive	on	19_	, or	nd that in (my) (our) opini	an death accurred on the d	ote and hour and fr	
()		abave, (1) (we) (did) (did 22b. SIØNATURE	nat) view the body	offer death.		DEGREE		122	C. DAJE SIGNED
. 2 4		Varne 5.	Tale			ATTENDING PHYSICIAN			4/19/00-
E e S		224 PAISICIAN'S NAME (TY	PE OR PRINT)			22e. ADDRESS	DIKECTOK PHYSIC	IAN	11111
TO FUNERAL should be detroit with the Stote IMPORTANT:		JAMES	E TA	YLOR		STA	GNES H	05P171	AC
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATOR	CITY OF TOWN	COUN	
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16 30M 2/80 RA 15, 4)		UNERAL DIRECTOR WIT:		eton#Wf9	le. M		ADD 90 1987	257 GISTR	DIGNA PARTIE
no 19, 7)	10	JU Edilloridaott i	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				M WA DOL	01	

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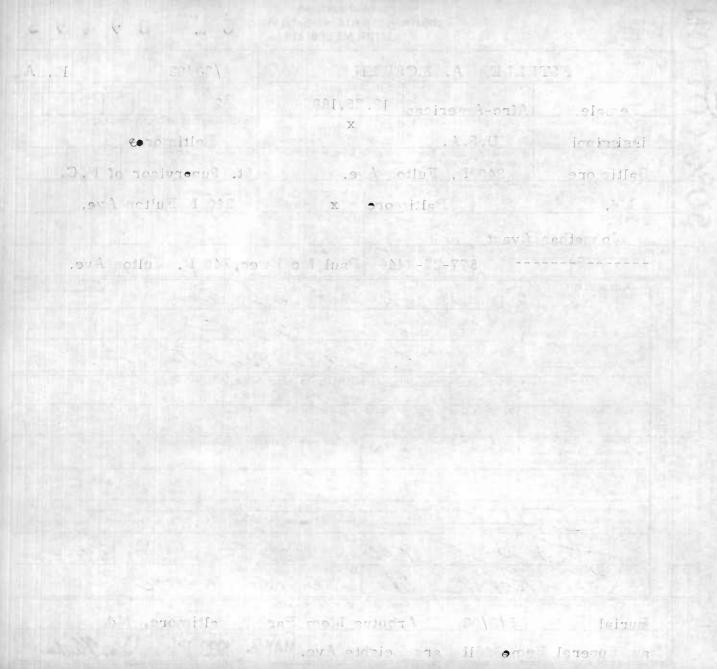
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1	The second second	EASED NAME	FIRST	ME	MIDDLE	EXAMINER	. 2 C	ERTIFICATE (2a. DATE KNO	REG. NO.	MONTH D	AY YEAR	2h HOUR
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A STATE OF THE STA	3. SEX	1	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEARS	IF UNI	DER TYR. IF UNDE		2c. DATE	N		DAY YEAR	2d. HOUR
1	ma	le	black	6 4	4.8	LAST BIRTHDAY)	MONTH	S DAYS HOURS	MIN	PRONOUNCED DEAD		4 27	1,82	4:30
● 變變3	70. BIR	THPLACE (STA		7b. CITIZEN OF W	HAT COUN	ITRY?	MARRIE	ED DIVOR	RIED &	Baltimore Balt	imore	Cit		PM MD.
MD. 21201 H. IF ANY DELAY IS. 1, 2, AND 3 TO THE IN. M. 3. RETAIN PAGE D.2 SHOULD BE FILED JAL RECORDS, 201	В	altimor	`e	1730	ACILITY GIVE S	land Avei		er institution		AL OCCUPATION OST OF WORKING		WORK 12b	OR INDUST	USINESS
MD. 21201 H. IF ANY DEL 1, 2, AND 3 TC M. 3. RETAIN F D2 SHOULD BE J7AL RECORDS	USUA 13a. ST	ATE MD	IF IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE	or town ltimore		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌		ET ADDRESS			ire A	
MD. H. IF H. 3. M. 3. J. 2. J. 3.	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIL		MIDDLE			LAST	
DEAT DEAT	2	Elijal			McC	оу		Cathe	rine			Mere	dith	
T., BALTIMORE, MD. 2 URS AFTER DEATH. IF B. GIVE PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH ODIVISION ON VITAL.	16a W (YE:	AS DECEASED S, NO. OR UNKNOV NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		-46-637		Faye Mc	Coy S		Col	ling	ton A	venu
ON ST., B 24 HOURS 124 HOURS 100NG WII PERMIT. F SIENE, DIV		18 CAUSE OF PARTIDEA	ATH WAS CAUSED	y one cause per line DBY: ECAUSE (o)), ond (c).) y Change	of	Liver				F	APPROXIMAT BETWEEN ONS	
W. PRESTON D WITHIN 24 H PENCIL IN TEA MINER ALON MINER ALON E-TRANSIT PER E-TRANSIT PER OR REMOVAL			s, if any, which		R AS A CON	SEQUENCE OF	1							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CRRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RD SHOULD BE USEN TO HERMATICH HOSEN TO BRIGHE, D RD PRIOR TO BURRAL, CREMATION, OR REMOVAL.			e to immediate stating the <u>under</u> - e last.	DUE TO, OF	R AS A CON	ISEQUENCE OF				36.5				
RECORDS, 201 D BE EXECUTEI PENDING" IN MEDICAL EXA A ASA A BURIAL A ATA HAND M CREMATION.	N O	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERMINAL	DISEASE	OR CONDITION GIVEN IN F	PART 1 (a					
TAL RECC HOULD BE RD "PEND HIEF MEE USED AS OF HEALT RIAL, CRE	S	19a DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERATION	ON WA	AS PERFORMED?				2	0 AUTOPSY	?
WITALI SHOUL WORD "F CHIEF BE USED NT OF H	I E I	AL PUTPBLIA	CALICETALE									N1 -	YES 🗸	NO 🗆
CERTIFICATE SHATING THE WOLD THE CO T	CALC	UNDERLYING CONTRIBUTIN	IG CAUSE OF D	DEATH P.A	A. MONTH	DAY YEAR		W INJURY OCCURR	RED LENTER N.	ATURE OF INJURY II	N ITEM 18 PART	1 OR PART 2)		
#3446F	MED	216. INJURY OF WHILE AT WORK	NOT WHILE C	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E			ATION REET		CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify death resulted	. 1	of the remains de	Accident	ive, held an Suicide	Autapsy	Hamicide .	Undete	Inquiry		n my opinia	in	
ICAL EX. SHOULD SHOULD SHOULD SEATH, W ORE, MAI		ACTUAL SIGNATURE_	J.	Du	all		M.{	ASSISTA	nt MEDIC	CAL EXAMINE	R	DATE SIGNED_	4/	28/82
O MED XECUTE AGE 4 TO FUN VETER DI		EXAMINER'S N				ard, M.D.		ADDRESS 111		Stree	t,Bal	to,MD	2120	1
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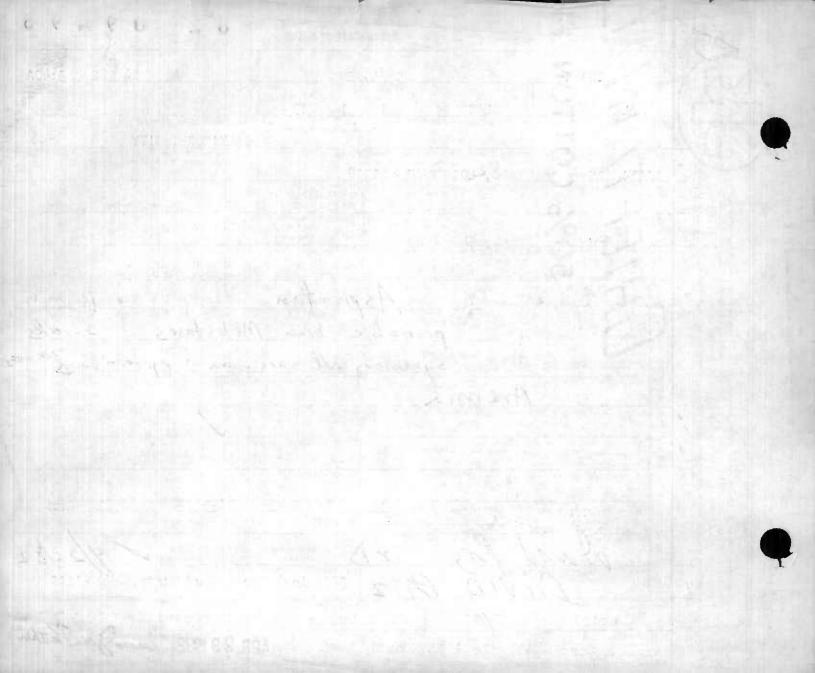


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



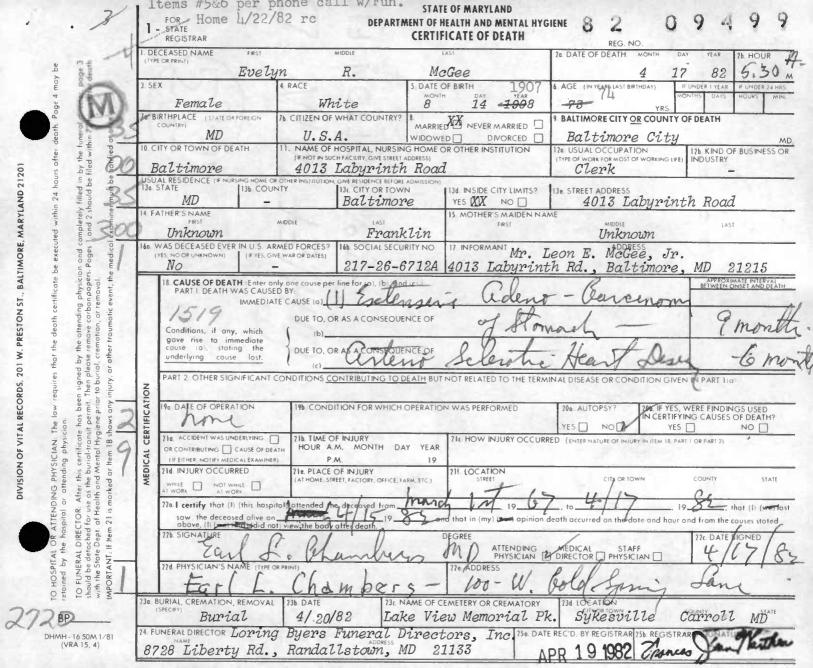
STATE OF MARYLAND

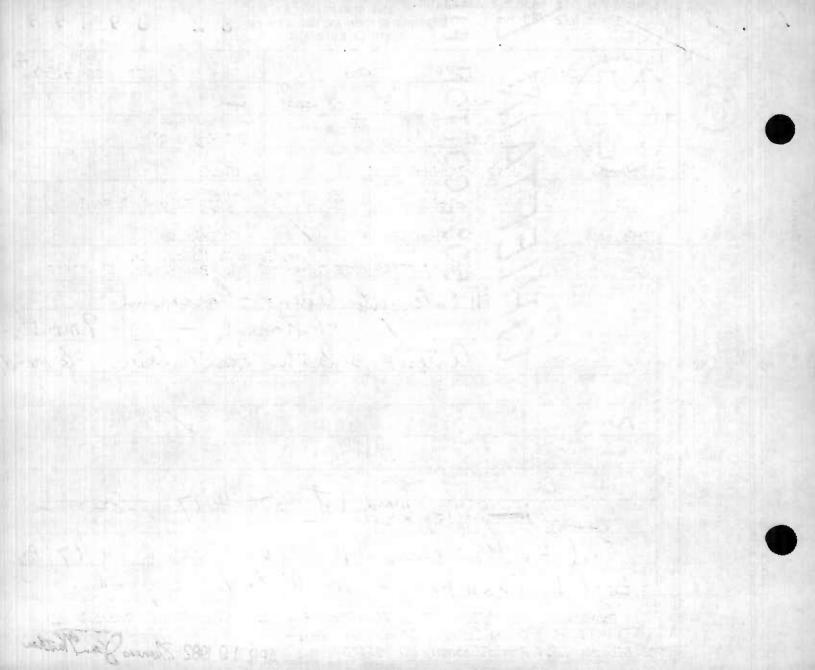


STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH Alexander (TYPE OR PRINT) ESTI-10 82 DEATH MATED Obrien Lee McFall 6. AGE (IN YEARS. 4 RACE IF UNDER TYR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR PRONOUNCED 1,82 Male Black DEAD 22 10 81 a M In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY Md MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE 1209 N. Central Ave. Baltimore City OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13 COUNTY 30 STATE 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1716 Holbrook Street YES X NO Mo Baltimore 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIE O'Brien Alexander Tee MCF&11 Victoria Renee Baker 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES) Beverly Chase 609 N. Ellwood Avenue APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H PRIGR TO BURIAL YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE COUNTY AT WORK AT WORK FUNERAL DIRECTOR: 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE 21201 111 Penn St. Baltimore, Md. EXAMINER'S NAME Margarita A. Korell AFTER TYPE OR PRINT) Baltimore 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial COUNTY Mayate 4/5/82 Eastview Mem Park APR 5 1982 PLANE 25 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Avenue (VR A15 ME (5) 15M 2/80





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oy b	KA	2.51	Geral	4 RACE	1/10	GUIRE	AGE (IN YEARS LAST BIRTHDAY	- 5 - 82 3:17pm
e 4	(例)	3. SI	MAGE	RLACIC	S. DATE O	DAY YEAR	45	MONTHS DAYS HOURS MIN.
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deat	11 2	10-0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWE	DIVORCED [126 KIND OF BUSINESS OR
ooffer s offer	詩秋		BACTIMORE	(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	W HOSTINAC	(TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY
ND 212	The state of the s	130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OF THE MEMORY		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	ARRIO HALL
RYLA	12 sho	14, F	ATHER'S NAME		AST	15 MOTHER'S MAIDEN N		LAST
, MA	10 mg			od mc	Guire	Leno	72	Speaks
IMORE	Poges 1			MED FORCES? 166. SOCIA 23 8	12 6254	Bernade	ADDRESS He mc Guiv	e 4654 Marble He
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STOR	ion, o		Conditions, if ony, which	DUE TO, OR AS A CON	DTURED	THORMACIC !	DISCECTING AN	EYRYSM (HOUR)
W. PR	by the o		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A COM	ISEQUENCE OF	sion		
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ECORDI	been si rmit. The prior to ony inju	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	20a AUTOPSY? 20b	b. IF YES, WERE FINDINGS USED
TAL REC	pe pe	TIFIC	April 5, 1982	Duptive		urysus	YES NO	CERTIFYING CAUSES OF DEATH? YES NO
AN: T	rial-transit		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	IEM IB PART I OR PART 2)
DIVISION OF VIT	burial- Menta or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	21f. LOCATION		
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O 0	0 00	1	Marenet	love	trys.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
OSPIT ned by	should be deto with the State I		22d PHYSICIAN'S NAME STYPE O	KARA C	mn	220. ADDRESS /	4ST NONTHE	n prw
TO He	Show MMP	23a.	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	
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	6 30M 2/80 A 15, 4)	24 1	UNERAL DIRECTOR		DRESS.		TERESO BY PECISTRAR LEVE	REGIST AR S SIGNALIPE
		V	In. C. March	F/H 1101	E Nort	th Ave. M		- 1

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MPORTA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDOLI LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT Francis McInture April 16, 1982 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY White Feb 17, 1916 66 Male BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Maryland U.S.A.Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12¢ USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 6507 Harford RD Warehouse Sup. Hutzler Co LIBUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore EE 6507 Harford Rd Maruland YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Schleifer Ella Ambrose McInture 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW 11 213-05-7622 Mr Thomas McInture 3009 Fleetwood Ave Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19g. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? curva IVI NOL 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM FTC) STREET COUNTY STATE NOT WHILE 72n I certify that (1) this haspital) attended the decessed from. saw the deceased alive on. and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above (Viter) (did) (did not) New the body 17h SIGNAHBR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dennis Franks M.D. 1900 East Northern Pkwy, Baltimore, Md

DHMH - T6 50M 1/B1

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY)

Burial

24 FUNERAL DIRECTOR

FOR

- STATE

23c NAME OF CEMETERY OR CREMATORY

New Cathedral

23d, LOCATION

Baltimore, Maryland

Leonard J Ruck Inc. Baltimore, Maryland

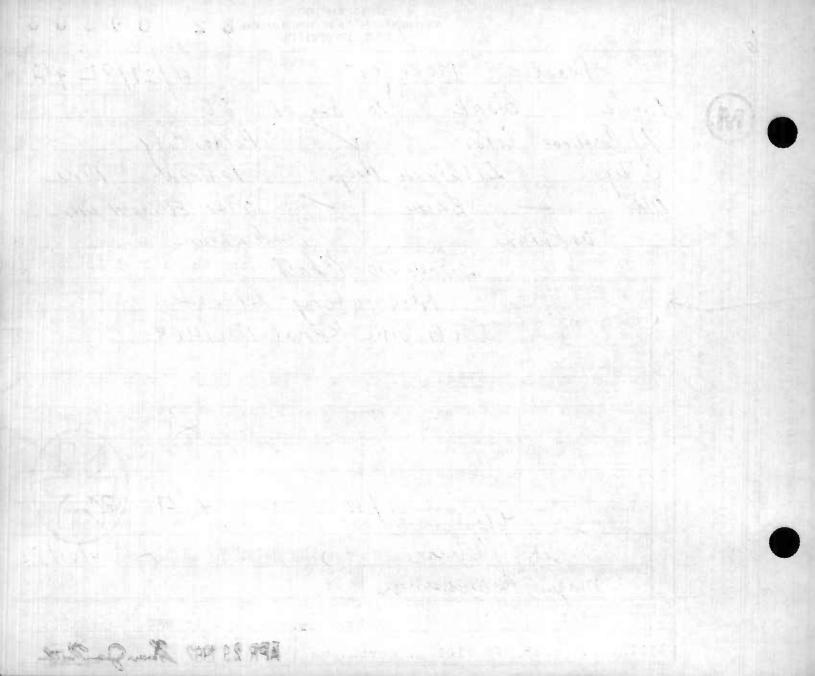
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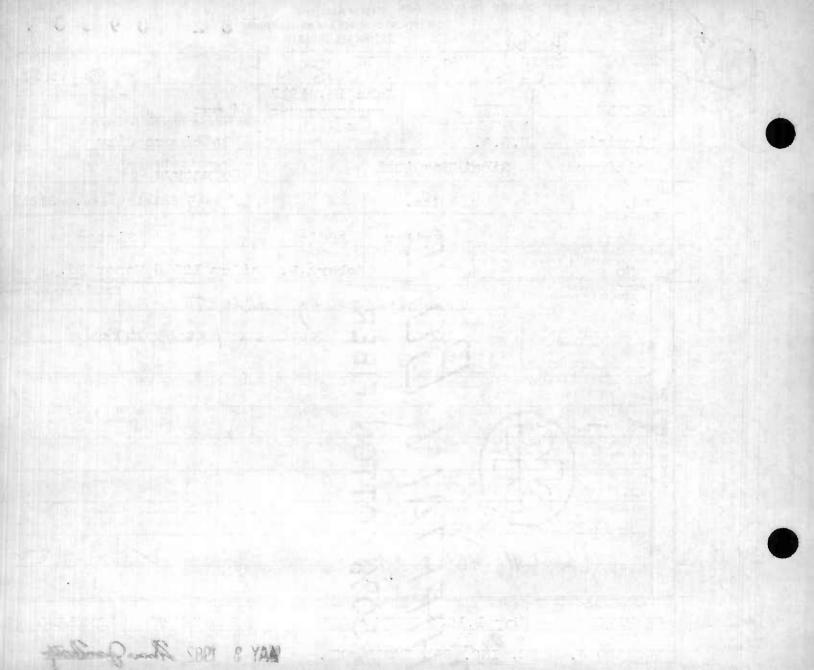
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	1.	FOR STATE	DE		EALTH AND MENTAL HY	GIENE 8 2	0 9 5	0 2
		REGISTRAR				REG. NO.		
		CEASED NAME FIRST	MIDDLE	maN	AST	20 DATE OF DEATH M	AONTH DAY YEAR	25 HOUR
	3. SE:	YARG-ARET I	11 12.0 K	S. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR	O Y M
		Female	White	MONTH 4	6 1900	82	YRS.	HOURS MIN.
	Ja Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.		9 BALTIMORE CITY OR		
3	1	Md.	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED 🔏	Baltimore	e City	MD.
10	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
L		Balto.	St. Agnes H			Secretary-Co	onstruction	
0	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	INTY I3c. CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
<u></u>		Md.	Balto		YES 🔣 NO 🗌	4700 Freder	rick Ave.	
24	14 FA	ATHER'S NAME		51	15 MOTHER'S MAIDEN NA	AME	ŁA.	4ST
16	1	John	McK		Mary	4 C.		ghe
1		VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)	L SECURITY NO.		50 Francias PA		
-	_		217-01	-3845A	Mr.John G.Ta	ylor #2	1227	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a),	(b), and (c).	^	Λ	APPROX BETWEEN	XIMATE INTERVAL LONSET AND DEATH
			TE CAUSE (o) Ca	rdeo p	ulyonary	Arres	-	
		4140	DUE TO, OR AS A CON	SEQUENCE OF	. 0	4.	110	
		Conditions, if any, which	(1b) Are	terios.	clerate	Heart 1)1sem	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
		underlying couse lost.	(c)				Cong.	
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1	RTIF					YES NO	YES 🗌	NO 🗌
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7	ICAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19				
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			ot) view the body ofter deoth.		d that in (my) (aur) opinion	deoth occurred on the date	e and hour and from the	couses stoted
		22b. SIGNATURE	1/1/2.1		DEGREE ATTENDING	MEDICAL STAFF		SIGNED
			ry funda	/	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		
	133	22d. PHYSICIAN'S NAME ITYPE	OFFRINT)		22e. ADDRESS	LD (our	TRI	
		1 2-1. #	TUJUH		RA	NDALLS-	TOWN M	1/21137
		BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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				Ave. #2]	.229	FR 2 3 1302	G.	

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25	L.	FOR - STATE REGISTRAR	SMA		CERTIFI	ALTH AND MENTAL HYG CATE OF DEATH	REG. N		9 5	0 4
料)ト		CEASED NAME	ORIS \	Mc QUI	STION	DUISTON	20 DATE OF DEATH	MONTH DAY	7 82	The Hour
26	3. SE	× FEMALE F	4 RACE WHIT	£C.	June	8 RT 8 , 1917	6. AGE (IN YEARS LAST BIR	MOI		IF UNDER 24 HRS
10 202	7a. B	IRTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY			
	10 C	Virginia NY ORTOWN OF DEATH Baltimore	11. NAME OF	U.S.A. 11. NAME OF HOSPITAL, NURSING STRATACILITIES PLANTED TO THE PROPERTY OF THE PROPERTY O		D DIVORCED D	Baltimore City M 12a USUAL OCCUPATION (TYPE Seamstross KING LIFE) NOTICE STATES TO SERVING LIFE) NOTICE STATES TO SERVING LIFE)			
and the second	The	Md.	OME OR OTHER INSTITUTION	13c. CITY OR TOW Balto.	'N 1	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		y Ave.	21215
300	IA E	ATHER'S NAME. FIRST Ben	MIDDLE	Bail		IS MOTHER'S MAIDEN NA Addie	WE	K	ieter	
Page 1	60 \	VAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)		IRITY NO.	Robert L. B	ADDRE	ESS		ı.
the attend remation, remation, ther		Conditions, if ony, while gave rise to immedia couse (a), stating the	th (b)	DR AS A CONSEQUE	ABOX (ic ALIDAS	talles,	DAL BE	E BANGE	
ss been signed by the ortend ermit. Then please remove come prior to buriol, cremation, is any injury, or other trouma	FICATION	gave rise to immedio couse (a), stating the underlying cause las	th te le	DR AS A CONSEQUE	ENCE OF	OT RELATED TO THE TERM	SIS / ICEC	DITION GIVEN		
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- STATE

REGISTRAR I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20 DATE OF DEATH 26 HOUR Mechlinski 1982 27. 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF LINDER LYEAR 1899 82 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Maryland General Hospital Pittsburg Plate Glass Co. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES XX 301 McMechan St., Apt. 726 NO F 15. MOTHER'S MAIDEN NAME MIDDLE Clara Logan 17 INFORMANT 810 Foxwell Ra., Joppa, MD 21085 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Myocardial Infarction 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21f. LOCATION CITY OF TOWN COUNTY STATE April and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ATTENDING

22e ADDRESS

27L DATE-SIGNE

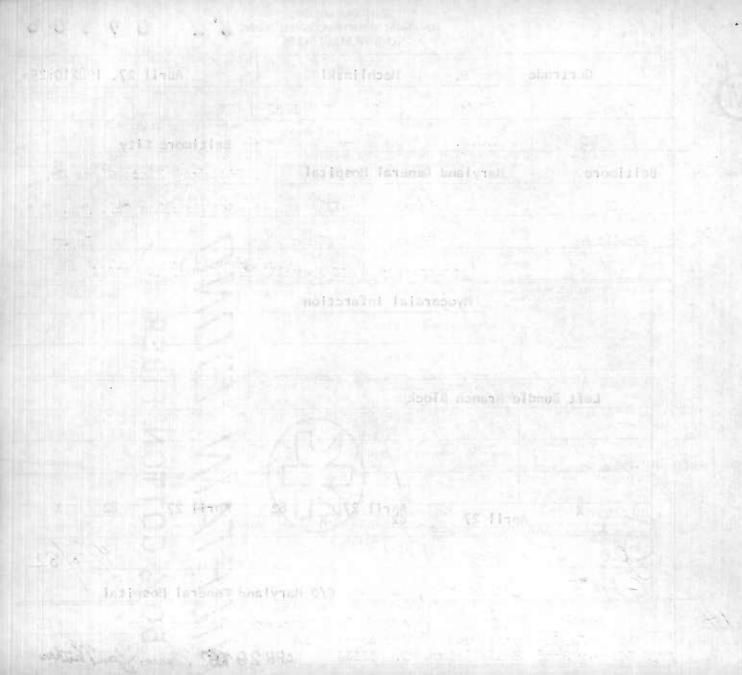
MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

C/O Maryland General Hospital

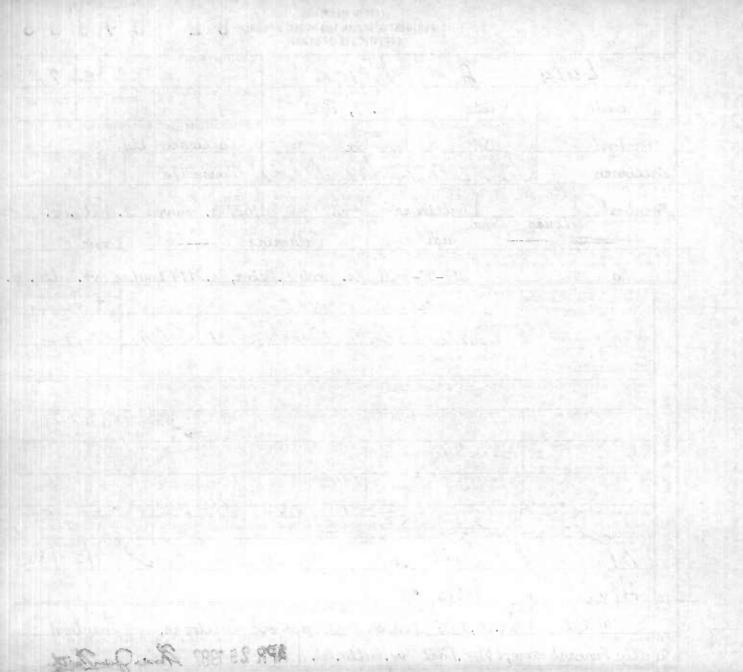
New Cathedral Cemetery Baltimore City

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown MD. 21133

DHMH - 16 50M 1/81 (VRA 15, 4)



3	1-	FOR STATE	DEI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	0	9 5	0 6
A SHEET THE RESIDENCE	H :	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
pe e e e e e e e e e e e e e e e e e e	(TYPE	CEASED NAME LUA	A.	M	eler	20 DATE OF DEATH	MONTH DAY	- (-	26. HOUR 50
s offer d	3. SE	Female	4 RACE White	S. DATE C	DAY WEAR	6 AGE (IN YEARS LAST BIR	YRS IF U		IF UNDER 24 HRS HOURS MIN.
22 hours 22		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUL	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED DI	9 BALTIMORE CITY O		DEATH	MD.
rs ofter de by the full filed within	-	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NO WE NOT A SUCH FACILITY, GIN	STREET ADDRESSY		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST, O	ION DOWORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours yssician and camplerely filled in by opers. Pages 1 and 2 should be fill avol. 11, the medical exphiner must be per	130. 5	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	ITY 13c. CITY OF		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	over St.	Balto	.M.
MARYL, and muthir ond 2 sh	14 FA	THER'S NAME LOUIS		\$ T	15. MOTHER'S MAIDEN NAME (atheric	ME		Lamar	
imone con nond con Pages 1		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL EWAR OR DATES)	07-9828	Ma. Jacob 1 Me	ADDRE			Balto M
T., BALT tificate k physicia npopers mavol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSEI	D RY	(b), and (c).)	annes t				MENS
W. PRESTON ST., of the death certific y the attending ph se remove corbonp cremotion, or remo		1539 Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF		n of C	olon	21,	us
o1 W. PRE that the a d by the a lease remot iol, cremot		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF				7	
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AL OR ATT the hospin AL DIRECT detached for ate Dept. of		Kuin	1. Sill		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ /		13/82
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OF	R. 5:11s	MO	22e. ADDRESS				
20 BP 04 2 8	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE Apr. 26. 1982		emetery or crematory Park Cemeter	23d LOCATION CITY OF TOWN UN Baltimor		Manul	and
DHMH-16 30M 2/80 (VRA 15, 4)	May	ineral director Cully Funeral H			25a. DAT	REC'D. BY REGISTRAR		S SIGNATUR	RE



	1	tem 14 g50/5/	4/02 gj		STAT	OF MARYLAND.						
10	1	FOR STATE REGISTRAR		DEPA		EALTH AND MENTA		8 2 REG.	0	9	5 0	7
, £3	1. DE	CEASED NAME FIRST EORPRINT) MICH	HAEI.	AARON		e e e e e e	2a. [DATE OF DEATH		YEAR	2b. HO	UR
Boode	3. SE		4 RACE	AARON	S. DATE C	EISTER DE BIRTH	6 A	GE (IN YEARS LAST		IF UNDER 1 YE	AR IF UNDE	R . HRS
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and 2 sh	14. F.	ATHER'S NAME SAMUEL	WIDDLE	Mei	ster NSKY	15 MOTHER'S MAID		WIDDLE	Pych(ES)		ERNOF	F
Poges		WAS DECEASED EVER IN U.S. YES, NYES KNOWN) (IE WI	ARMED FORCES?	216-05		17 INFORMANT N		ETTA ME		O., M	n 2	1215
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ter this c is the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	E OF INJURY		211 LOCATION STREET		CITY OR	TOWN	COUNTY		STATE
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should be det with the State		ESTREUT	90.	Km,	my	VEVINO	ALE,	HEBRE	N GES	CIATI	4087	ENTON
P		SURIAL, CREME IN TAL	APRTE 2	7,1982 2	3c CHIZUI	MEAMUNGREMAT	TORY 23	BALTIM	ORE	COUNTY	MARYL	AND
MH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR SOL 010 REISTERSTO	LEVINSON WN RD.	BALTO.,	., INC. MD 21		Sa DATE REC	D. BY REGISTRA 28 198		11		ithen

A MELEN LE ANN THE PROPERTY OF THE PARTY OF CHASE SHOW HE WAS ALL SHOW THE But the first of the the second track the second track the second MANUAL SERVE SHALL STANDED

X	1.	FOR STATE REGISTRAR			DE		NT OF H	OF MARYLANI EALTH AND MEI ICATE OF DE	NTAL HYGI	, ,	2 (9 5	0 8
m.e		CEASED NAME	FIRST		WIDDLE		- 1	ist		20. DATE OF DEA		DAY YEAR	2h HOUR
oy be		DF	۲.	JERON	ME H	<. N	MER	LIS		4/7/8	2		100 "
8 B	3. SE			4 RACE			DATE O	0.111		AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
e de		Male		Whi			-eb.	24, 19		68	YRS		MIN.
a 17		RTHPLACE (STATE OR EL	OREIGN	76 CITIZEN OF		INTRY? 8	MARRIE	NEVER MAI	RRIED -	BALTIMORE C	DATE OF THE PARTY		
de de		IEW YORK		US			VIDOWE		RCED 🗌		nore C		MD
201	E	Baltimore		Univ	ersity	HOS	spita	R OTHER INSTITU	JTION	TYPE OF WORK FOR Physic	MOST OF WORKING		ical
AND 21	130.	AL RESIDENCE (IF NURSI STATE Maryland	NG HOME OR	OTHER INSTITUTION	113c CITY C	TOWN		134 INSIDE CITY		3e. STREET ADDR		versity	Pkwy.
MARYL ed with	14 F	Morris		MIDDLE		erlis		15. MOTHER'S M	alden NAMI	E	DOTE	Cantor	
ORE,		VAS DECEASED EVER I		MED FORCES?	166 SOCIA	AL SECURIT	Y NO.	17. INFORMANT		A	ADDRESS		
TIMO		Yes	WW		007	18 10)40	Grace	L. N	Merlis,		Same	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending patietism and completely filled to as the burial-transit permit. Then please remove corbon rapper Practions to the prior to burial, cremation, or immoved as the burial-transit between prior to burial, cremation, or immoved as them 18 shows any injury, or ather traumatic ment the medical constitution in the medical constitution.	NOI	Canditions, if ony, gove rise to imm couse (o), stating underlying cause	ediate the lost.	DUE TO, C	DR AS A COM	JE N	E OF	Failur	THE TERMIN		Stemos.		
he law r has bee r permit.	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR	WHICH OP	ERATION	WAS PERFORM	ED	YES NO	IN CERT	ES, WERE FINDIN	IGS USED OF DEATH?
SICIAN: The ng physicia certificate by oriol-transit tental Hygie lifem 18 sho		210 ACCIDENT WAS UNDER OR CONTRIBUTING CO	AUSE OF DEA	TH HOUR A	OF INJURY .M. MONT	H DAY	YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE C			
DIVISION DING PHYSI or attending After this ce e as the buri	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY	OFFICE, FARM,		211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
ATTENDIN aspital ar ECTOR: Af for use a for to se a for use a for a for use a for a for a for a for a for a for a fo		sow the decease obove, (I) (we) (iii	dalive on.	4/	7	19 8 2			opinian de	ath occurred an	the date and ha	19 8 2 , 1	that-Herritast causes stated
by the hy the before before Dep		22d. PHYSICIAN'S NA.	rent	- 4	. 7	lit	1		NDING SICIAN	MEDICAL DIRECTOR PH	STAFF	22c. DATE !	10.
TO HOSPITAL retained by the should be det with the State		Robert		Levi:	tt				Muil		Hosp	ital	
307BP		urial, cremation, r SPECIFY) Cremation	n	23b. DATE 4/8/8		Gre	een	Metery or crea		23d. LOCATION CITY OR TOV Balto	WN .	соинту	STATE
DHMH-1650M1/81 (VRA 15, 4)	24 F	INERAL DIRECTOR H NAME 4905 York	lenry Roa	W. Je	enkins to	& S Md.	ons 212	Co.	APR	8 198	PAR KUREGIS	SIRAR' SIGNA	



7	1			STATE OF MARYLAND		
3	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	09509
No.		ECEASED NAME FIRST	MIDDLE	LAST	The Drive Or Dentill	ONTH DAY YEAR 26 HOUR
y be		Ivy	Naomi	Mietzner	April :	19, 1982 Z.P.
a mo	3. S		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
960	L	Female	White	Aug. 18, 1925	56	YRS. MONTHS DAYS HOURS MIN.
a # 9	Je I	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
deot deot	1	BALTO. MD.	U.S.A.	WIDOWED DIVORCED	BALTIMON	E a 74. MD.
s ofter	10 0	BACTIMONE.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SYCH FACILITY, GIVE STREET SOUTH BALT ME	ADDRESS) GENERAL YOSA (MA	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemake	
hour bit		AL RESIDENCE (IF NURSING HORE OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		r Own Home
fille 24		MD. A.A	. Co. Glen Bu		130 STREET ADDRESS	s road, Glow Burn
rtely 2 sh pine	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NAM	AE	S TO S TO SOLD
completion of completion of completions of completi	0	JANES WAS DECEASED EVER IN U.S. AR	MDDIE . SMITH		MIDDLE H.	(Unknown)
ore be executed within 24 hours sixton and completely filled in ppers. Pages 1 and 2 should be the vol.		YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? WAR OR DATES) 166 SOCIAL SECU 214.20.	lius	band) ADDRESS . Mietzner	C-mo -c # 12
physicic papers papers may al	3	PART I. DEATH WAS CAUSE	lly ane couse per line for (a), (b), and D BY:	es processed to the	H wherem	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
h cert nding carbar ar rei		4 2 GA IMMEDIAT			The part of the control of	A CONTROL OF L
death otteno nave co nave co rouma		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE		rusis (1) sison	- Charbonieny.
by the size rem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ASCUD .		
ned plec		PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERMI	NALDISEASE OR CONDIT	IONI CIVEN IN PART I
n sig Then to b	NO		ABDOMNAL	HEMATOMA	MAL DISEASE OR CONDIT	ION GIVEN IN PART RO
beer mit.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 2	06. IF YES, WERE FINDINGS USED
he le	TEX.	-			YES NOTA	YES NO NO
hysici icote ronsi Hygi	GE	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURR		
SICIA ng pl certif orial-t ental	CAL	OR CONTRIBUTING CAUSE OF DEA	AIR .	19		
G PHYS ottendin fer this of the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
or or see o			al) attended the deceased from	4-5 1082	10 4-19	- 1982 , that (1) () ast
TTEN Pital For u		sow the deceased alive on above, (1) (we) (did) (did not		2 , and that in (my) (pur) apinion d	eath occurred on the date	and hour and from the couses stated
OR A DIRECT OR A DIRECT OR THE MAN OF THE MA		226. SIGNATURE	view the opay after death.	DEGREE		22c. DATE SIGNED
TAL O		augelica	- Aurier (ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
SPIT.		224 PHYSICIAN'S NAME (TYPE OF		220 ADDRESS		
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the State LIMPORTANT: If		HNEETICV	DUGUAR U	· 3001 st. 1	buouln St	neet 2123 O.
	230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP	24 5	Burial UNERAL DIRECTOR	Apr. 22,82 G16	en Haven Mem.Pk.	Gien Bur	nie, A.A.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 7	Singleton F	uneral Home	Glen Burnie	PR 22 1982	pines y

The second secon The state of the s Light of the County of the Cou 2/4/2019 1986 The remain matter of Delice - Delice of St. (1975) A STATE OF THE STA ENT OF PLACE AND ADDRESS.

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DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPAR	ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2	0 9	5		
	I. DEC	CEASED NAME FIRST	Milens	ki ias		2e. DATE OF DEATH	MONTH DAY 4-13-	82 9	HOUR 45 A M
1	SEX	Temale	1. RACE White	5. DATE OF	BIRTH VE 30 - 1897	6. AGE (IN: "TAST BI	MONTE		INDER 24 HRS
5	Ra	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED		9. BALTIMORE CITY	ORE		MD.
1		BALLIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH ACILITY, GIVE STRE	HEDH	other institution	(TYPE OF WORK FOR MOST Home male	OF WORKING LIFE)	NDUSTRY	JSINESS OR
	13a. S	md. 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE PROPERTY OR TO	TORE	36. INSIDE CITY LIMITS?	13e STREET ADDRESS	specty	Hats	AVE
	I4 FA	THER'S NAME FIRST	MIDDLE LAST		5. MOTHER'S MAIDEN NAM FIRST Magdeli	MIDDLE		LAST	
		Anthony VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES, NO	RUSZKIEWICZ ARMED FORCES? 16b SOCIAL SEG GIVE WAR OR DATES) 214-22-		Nagaerii Robi Esc	dale ADDR	12/9 K	Tham	AVE
	rion	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A SONSEQ (c) IT CONDITIONS CONTRIBUTING TO	UENCE OF COLOR					
X	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
2	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19	21t. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJ	2.007	OR PART 2)	STATE
			spital) attended the deceased from	3/	that in (my) (aur) apinian a	death accurred go the o	- ' -		(I) (we) last
		P.b. SIGNATURE	Tolleur	7	ATTENDING PHYSICIAN 22e ADDRESS		AFF	Apr 13	
		MAGE (TY	FRREMANI	ian	Lutheran 1	Hospital			
		URIAL, CREMATION, REMOV SPECIFY) Burial			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Ralto (YINU	
	24. FU	NAME PROPERTY FUNC		7110 Be	elair Road 250 PAT	R 16 1982	EGIST (III	SIG //	The same

Baltimore, Md.

11/1/2/6

OR Name of County)

and

APR 16 BK

517 RE	SR ATE GESPEAR		DEPARTMENT OF I	ICATE OF DEATH	IENE 8 2	095	12
T. DECEAS	SED NAME AFIRST	nda 1	RAE MI	iler DEBIRTH		pr. 19 8.	2b HOUR 3:00 AR IF UNDER 24 HRS
or so	female	Cauc	asian mony		(YRS 5 DAY	
COUNTY	Baltimore	CITIZEN OF WH	MARRIE WIDOW	D NEVER MARRIED X	BALT I MOR	E CITY	M
BAL	TIMORE	SA INT A	SPITAL, NURSING HOME (CULTY GIVESTREET ADDRESS) GNES HOSP I		120 USUAL OCCUPATION OF MOST OF NORCE		OF BUSINESS OR
	ESIDENCE (IF NURSING HOME OR OF INTO COUN'	OTHER INSTITUTION, GIV TY 130	e residence before admission) CITY OR TOWN Baltimore	13d Inside City Limits? YES X NO	13e STREET ADDRESS	ins Ferry R	d. 21230
00 Ch	narles Ri	chard	Miller	Shirley	Jane	Grace	LAST
IYES, N	DECEASED EVER IN U.S. ARM IO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 161 WAR OR DATES)	social security no.	Audrey Gra	ce same a	4.0	Lewes c-c
PAR NO!	poditions, if ony, which over rise to immediate use 100, stating the inderlying couse lost RT 2 OTHER SIGNIFICANT CO	ONDITIONS CONT	S A CONSEQUENCE OF DEEMAL RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONF	20b. IF YES, WERE FIND	DINGS USED
Z III	ACCIDENT WAS UNDERLYING	21b. TIME OF IN	THIRV	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUS	NO 🗌
OR OR	CONTRIBUTING CAUSE OF DEAT EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY YEAR		ED (ENIER NATURE OF INJUR	TTIN HEM 18, PART OR PART 2)
	HILE NOT WHILE NORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
AT WHAT W	1 certify that X (this haspite saw the deceased alive an above, (X we) (did) (did X ox	APRIL	19 19 82	12 19 82 nd that in (nX) (our) apinion d	, toAPRII		, that (we) los he couses stated
27b.	SIGNATURE	Thing	Herang, 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F _	te signed
MPORTANI,	PHYSICIAN'S NAME (TYPE OR		ing, M.D.	900 S. CATO	N AVE-BAL	.TO.,MD 2	1229
23a BURIA	AL, CREMATION, REMOVAL Pial	23b. DATE 4/21/82		emetery or crematory dge Memorial	23d. LOCATION CITY OR TOWN Baltimor	COUNTY	STATE
24 FUNER	RALDIRECTOR Balto	., Ma. 21	225	25a. DATE	REC'D. BY REGISTRAR	PAREGISTRAP'S SICN	Mathen

STATE OF MARYLAND

ALTIMORE CITY BALTIMORE SAINT AGNES I GSPITAL SES of the stand willing that it is a market of Manufacture Company of the Company o ALTERIA APRIL 11 X ALTERIA EL HICAN TOLK TILL 900 S. CLTON AVE-HALTO., NO. 2122S THE RESIDENCE OF THE PARTY OF T Depring at annual P. H. 19001 all contra page of the S. 2 1962 and the state of the

28	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 REG. N	09513
ay be age 3 death		EASED NAME FIRST	RLES A-	MILLER	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 12 30 AM
le 4 may ctor, pag s ofter de	3. SEX		4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN.
	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY C	PRS. PR COUNTY OF DEATH ADRE CLTY MD.
100		BALTO.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 3310 MOI		12a. USUAL OCCUPATE	
filled in nould be i	13a. S	L RESIDENCE (IF NURSING HOME O TATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	WN 134. INSIDE CITY LIMITS	32 13e STREET ADDRESS	CRAVIA RD.
campletely Land 2 sh campletely Campletely Campletely	14 FA	THER'S NAME FIRST CHARLE	MIDDLE MILLER	15 MOTHER'S MAIDEN	MIDDLE	GUDTBORD'AST
te be execution and colorers. Pages 1911.		* *	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 219-2	111	Miller - 33	10 Mnavia Rd.
n signed by the attending phys. Then please remove carbon pop to burial, cremation, or remove injury, or other traumatic event,	NC	PART I. DEATH WAS CAUSE 4029 IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQ DUE TO, OR AS A CONSEQ DUE TO, OR AS A CONSEQ (c)	LENCE OF DISEAS		
mit prior	U	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \(\subseteq \text{NO} \sigma NO
Sy To D	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJUI	
After this certife os the burials alth and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOV	YN COUNTY STATE
pital TOR: far us of He 21 is		22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	pital) attended the deceased from	, and that in (my) (our) apid	nion death occurred on the de	ote and hour and from the causes stated
AL DIREC detached ate Dept.		Pauro 4	A Agrica	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAI	
retained by the TO FUNERAL I should be detoined with the State I MPORTANT: If		22d. PHYSICIAN'S NAME (TYPE)	P. ALWO	JR 8713 K	MEFORD	121-21234
D № D € 3 €	23a. B	BURENL		NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	Mon With
DHMH - 16 50M 7/77 (VR A 15 (4))	2A FU	NERAL DIRECTOR			APR 16 1982	Capacita Daniel

STATE OF MARYLAND

MANAGEM SHOOT TOO TO A RECEASED DESCRIPTION OF THE PARTY The second Miller of a will be a representation of the contract of the second Comment of the Commen

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

Male TO BIRTHPLACE I STATE OF FOREIGN

Kentucky

Alvin

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

ID. CITY OR TOWN OF DEATH

BALTIMORE

FATHER'S NAME

3. SEX

CERTIFICATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE	8	2 REG.
LAST	a. DA	ATE OF	DEATH

1932

DIVORCED X

15 MOTHER'S MAIDEN NAM

17 INFORMANT (Daus

Verlena

MILLER

14 DAY

RAVEN BLVD. BALTO. MD

MARRIED NEVER MARRIED

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Randalls town

Miller

166 SOCIAL SECURITY NO.

				12	230		.03
ENE 8	REG.	NO	0	9	3	1	4
2a. DATE OF		MONTH	DA	, ,	YEAR	26 HOL	JR
		4	13	8	32	11:5	5A _M
6. AGE (INY	EARS LAST (SIRTHDAY)	MO	UNDER	DAYS	HOURS	24 HRS MIN.
9. BALTIMO B			NTY C		ATH		MD
12a USUAL (TYPE OF WORL) Re		OF WORKIN	IG LIFE)	12b. K	IND O	F BUSINI	ess or
13e STREET	ADDRESS	arri	age	tqA e H	i. '	[4 1 C:	c.
E	WIDDLE			161		ord	
ghter Bro		Sam	e a	as	#	13	
ew	mor	ria		BE	TWEENC	eck	DEATH
					1		

Army 49-5 Yes 401-36-6807 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY. AS A CONSEQUENCE OF Conditions, if ony, which empuema gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

MIDDLE

E.

76 CITIZEN OF WHAT COUNTRY?

White

U.S.A.

CHARLES

Baltimore

4. RACE

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES V NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART Z)

P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

21f LOCATION COUNTY CITY OR TOWN

22a 1 certify that XI) (this hospital) attended the deceased from MARCH sow the deceased alive on APRIL 13 19 82 , or above XI) (we) (did) (did) that view the back after death. and that in (XV) (our) opinion death occurred on the date and hour and from the couses stated 226. SIGNATURE 22c. DATE SIGNI ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

21218 3900 LOCH RAVEN BLVD. BALTO. LMD

230 BURIAL, CREMATION, REMOVAL Burial 4/16/82

Carrollton I.O.O

.F. Carrollton Carrol

23d. LOCATION

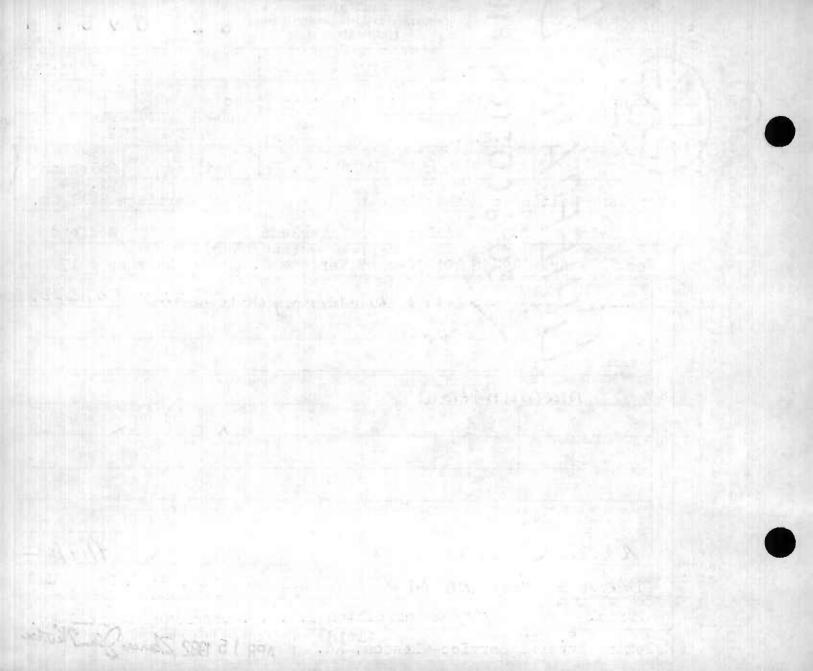
STATE

that XII (we) last

DHMH - 16 50M 1/81 (VRA 15, 4)

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²⁴ FUNERAL DIRECTOR E. Barnes 21018 Fleming Funeral Service Benson, Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME KNOWN XX MONTH (TYPE OF PRINT) 4-29-82 MILLER GILBERT CHARLES III DEATH MATED 4 RACE 1 SEX 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE DAY 74 :150 LAST BIRTHDAY) PRONOUNCED white male DEAD 39 43 YRS 04 07 AF BIRTHPLACE ISTALLOW 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED DIVORCED MARYLAND IE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Agnes Hospita POLICEMAN (SGT.) CITY OF BALT IMORE le STATE THE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 🗌 3201 ELIZABETH AVENUE, 21227 MARYLAND BALTIMORE LANSDOWNE NO E 14: FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST V ILABLE ASSUNDA UNAVAILABLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** DIVISION LIE YES GIVE WAR OR DATES 212-36-8645 JOYCE M. MILLER 3201 ELIZABETH AVENUE NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ALONG W USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE 31 PRIOR TO BURIAL, (190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITING THE WOLLD FORWARDED TO THE CHIEF YES LA NO 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR NG. MEDICAL CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITING ANGE & FORWARDEL PAGE 4 SHOULD BE FORWARDEL TO FUNERAL DIRECTOR: PAGE 3 AFTER DEAH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 4-29-82 DATE SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) COUNTY CITY OF LOWN BURIAL LOUDON PARK BALTIMORE CITY MARYLAND 05 - 03 - 8224 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 **DHMH-17** ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any

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		CEASED NAME FIRST OR PRINT) JOHAN		WIDDLE K		LLER	20. DATE OF DEA	TH MONTH	3 8	2 2th	HOUR	244	
8	3 SEX		4. RACE		5 DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER	I YEAR II	UNDER 24 HR	<u>m</u>	
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ATION	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	KE PAR	NCE OF	DISEK NOT RELATED TO THE TERMI		20b. IF	F YES, WERE F	INDING		_ = _		
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		220 1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did not 22b. SIGNATURE	4/	3 19 5		3 , 19 82 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF)st 	
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		Burial, Cremation, remóval Buria!	23b. DATE 4/6/8			EMETERY OR CREMATORY hedral Cemete:	23d. LOCATION CITY OR TO		COUNTY		state rvlane	đ	
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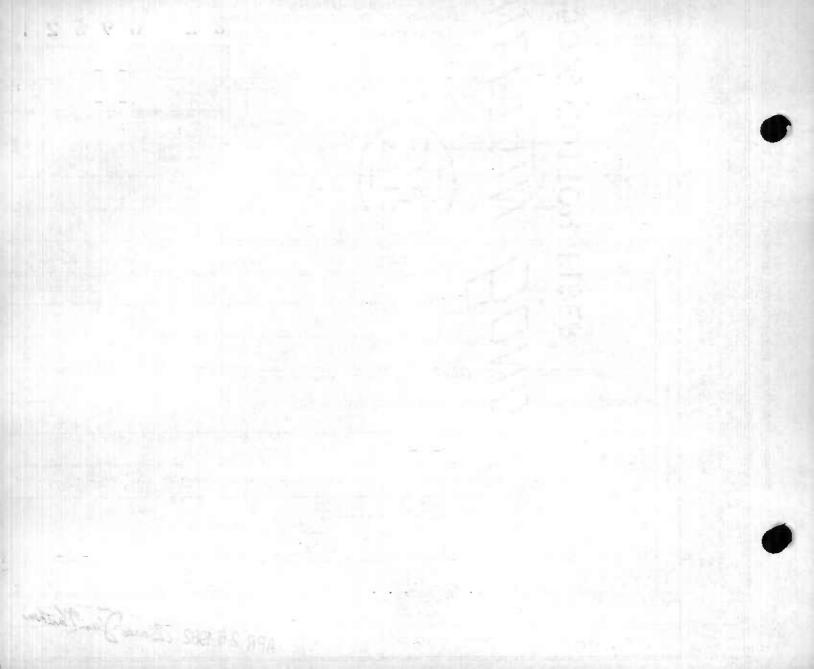
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1	STATE OF MARYLAND 1 - STATE POR						
1							
	CEASED NAME FIRST	MIDDLE		LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYP	FORPRINT)	C. MILLER			4/18/82		
3. SE		4 RACE	5 DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
1	Male	Cauc.	MONT 1	12/42 YEAR	39 v	RS MONTHS DAYS	HOURS A
76 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COL		
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500	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND C	OF BUSINES
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500	FIRST	MIDDLE LAS	73	FIRST	WIDDIE	LA	51
	WAS DECEASED EVER IN U.S. AF	-	SECURITY NO.	17. INFORMANT	ADDRESS		
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jury, or othe	cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON-	euras	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	non
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morked	AT WORK NOT WHILE AT WORK						
is a	22a.1 certify that (1) (the hospital) attended the deceased from January, 19 7, to 19 8, 19 19, those (we) los sow the deceased clive on 4/16/47, 19 , and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated						
am 2	obove, (I) ((did not) view the body after death.						
# #	ATTENDING MEDICAL STAFF						
AN	22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)	100	22e. ADDRESS	DIRECTOR PHYSICIAN	111	110
MPORTANI	EDWARD :	J. LEE, MD	>	22 5.60	eene St. B	alto.M	15,6
	DUDIN CORNELIS CONTROL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR JOWN		/
(Burial Burial	4/21/82	Cedar	Hill	Balto.	ld. XX	STATE
//3	UNERAL DIRECTOR	ADDRE	SS		REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	URE:
Pa	ul E. Chenoweth	h 3rd 3617 Che	estnut A	ve.	MPR 1 9 1981 /	pane you	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN XX DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED UNERAL DIRECTOR. 5 FOR YOUR-FILES. WITHIN 72 HOURS V. PRESTON STREET KELLY ANN 4-22-8219 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR 74 HOBR DATE 23 YRS. PRONOUNCED 22/59 female black Jan. 4-22-82 10 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X New York USA Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F SHOULD BE FILED, W AL RECORDS, 201 W. IL CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore Exeter Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 725 N. Chester St. Apt. 1 Maryland 13b COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Baltimore YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nathaniel MIDDLE McGee MIDDLE T. PAGES I AND DIVISION OF VO. Joan Miller Thornton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Apt. NO 213-72-0204 Joan Thornton 725 N. Chester St. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH SE (o) Strangulation DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (o)___ Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) E DEPARTMENT OF HEAD PRIOR TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE HOUR A.M. MONTH K KOR UNDERLYING subject strangled CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED LAT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEARA DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALJIMORE, MARYLAND, 21201 P 127 Exeter Street CON Battimore, Maryland WHILE AT WORK Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Inquiry Homicide X Notural couses Undetermined monner TITLE (SPECIFY) DATE SIGNED 4-23-82 ssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Marketter 26 982 Burial 4/27/82 Baltimore Cemetery 24. FUNERAL DIRECTOR **DHMH-17** Wm . C. March F/H 110 15 E. North Ave. (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND



Marie A. Miller April 22, 1982 3 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY Female White Nov. 10, 1904 To BIRTHPLACE IS ATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED A DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore 2824 Pinewood Ave. Residence Housewife SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b. COUNTY 13ª STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Harry W. Gail Sr. S. Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT LIF YES, GIVE WAR OR DATEST 216-28-8302 Edward G. Muhler 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which oranan gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DIVISION OF VIT 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 50 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN STREET AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 26 220.1 certify that (1) (this hospital) attended the deceased fram Hoy sow the deceased alive on. abave, (1) (sa) (did nat) view the bady after death DEGREE 22d. PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS old E MPORTA Dr. Donald R. Jandorf M.D. 7403 Harford Road TO how 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 1982 Apr 27 Immanuel Lutheran

Baltimore, Maryland

MIDDLE

STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2n DATE OF DEATH

MONTH

7h HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

Balt., Md. 21214 2824 Pinewood Ave. Aulback Balt., Md. 21234 7912 Oakdale Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10 8 2 ... and that in (my) (aux)-opinian death occurred on the date and have and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 4-26-8 Baltimore, Md. Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTAN

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6010 REISTERSTOWN RD. BALTO, MD 21215

APR 28 1002 37 0 0

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should be detached far use as the burial-transit permit. Then p with the State Dept. af Health and Mental Hygiene prior ta bur

IMPORTANT:

TO FUNERAL DIRECTOR.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		FOF HEALTH AND MENTAL HYCERTIFICATE OF DEATH	REG. NO.	0 9 5 2
LIYPE	CEASED NAME MILER	(Susain)	Miller	20 DATE OF DEATH MONTH	29 82 2 2
3. SE.	F	5	MONTH DAY YEAR 2	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	S. C.	V J V WI	ARRIED NEVER MARRIED &	9 BALTIMORE/CITY OR COU	INTY OF DEATH
	Balto	NAME OF HOSPITAL, NURSING HO	MD HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 126. KIND OF BUSING
13e S	AL RESIDENCE IN NURSING HOME OR OTH STATE 136 COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMI	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS C	eall Ave
	Albert MIDE	miller	15 MOTHER'S MAIDEN NA	MIDDLE	Huggins
	VAS DECEASED EVER IN U.S. ARMEI YES NO OR UNKNOWN) (IF YES, GIVE WA			ADDRESS 111er 2731.7	
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	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSTDUENCE	otic aucess	= Uplatele	ts ?
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EDICAL CE	216. ACCIDENT WAS UNDERLYING CONCEDENTING CONCEDENTING CAUSE OF BEATH 18 STHER, NOTEY WEDICAL EXAMINER,	216 TIME OF INJURY HOUR A.M. MONTH DAY F.M.	YEAR 19	RED CENTR NATIONE OF HUMAN HE TEN	TE PART CEPSATO
MEDIC	NAMES OCCURRED WHILE OF HOLWHILE OF HOLKER	THE PLACE OF INJURY (AT HOME, STREET, FACTORY, ORPICS, FARM, E	THE LOCATION STREET	cirvorrows	COLPOT
	276.1 certify that (I) (this hospital) saw the decreased alive on above. ((http://did.idel.not/vi.2726.5)GD-9TURE	4/29 10 8	DEGREE	depth occurred on the date and	hour and from the couses sto

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Buria
24 FUNERAL DIRECTOR
NAME
4.24

ESICIAN'S NAME (TYPE OF PRINT)

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN

STATE

516/82

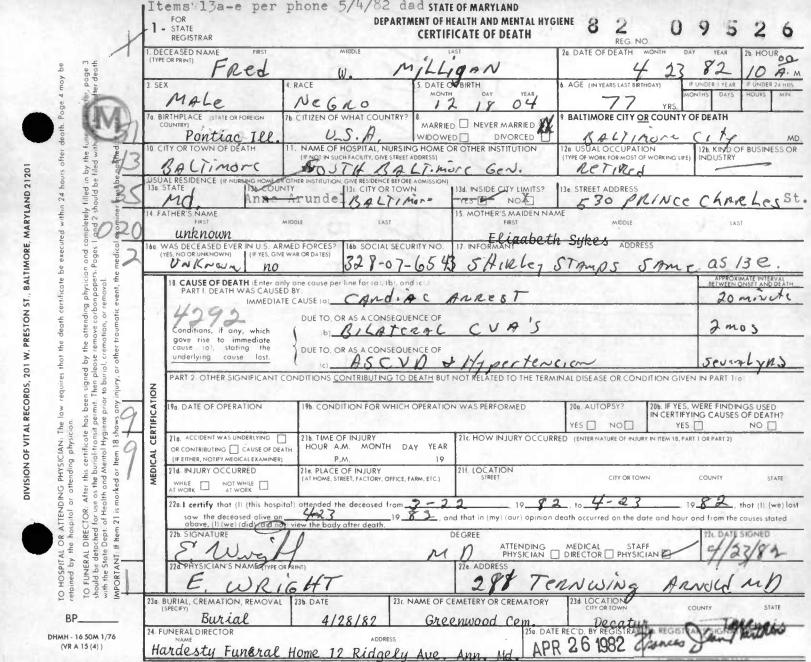
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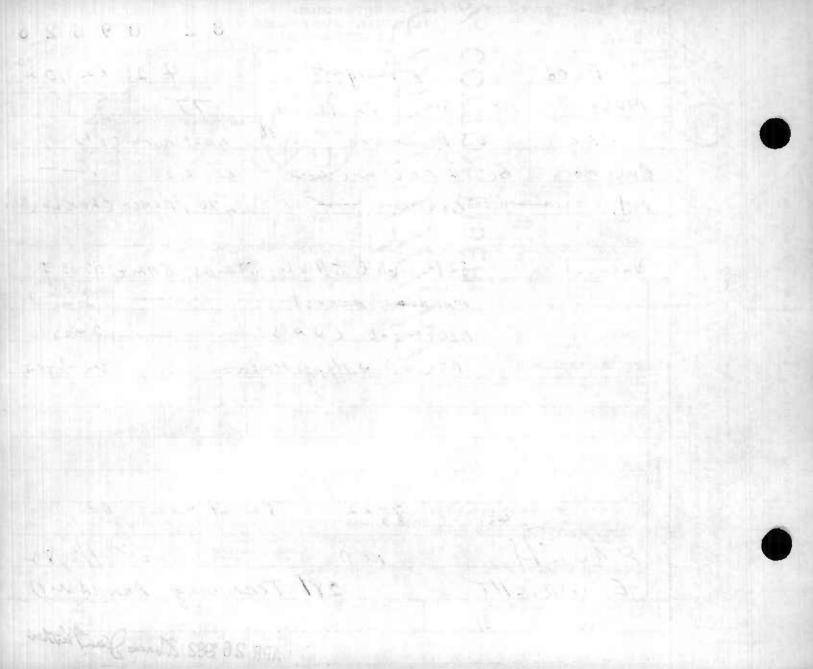
250. DATE REC'

march F/H 1101 E. North

Corres

. THE COUNTY (TOWN) MAKE HI ZOLANIA 50/11/18 Marka His Hours 130 Barrier Late Ave Busich Stuffer 15t A-Ener Con Bullingia William C. March, Fith 1101 E. Novan, Aug. 11173 1982 14





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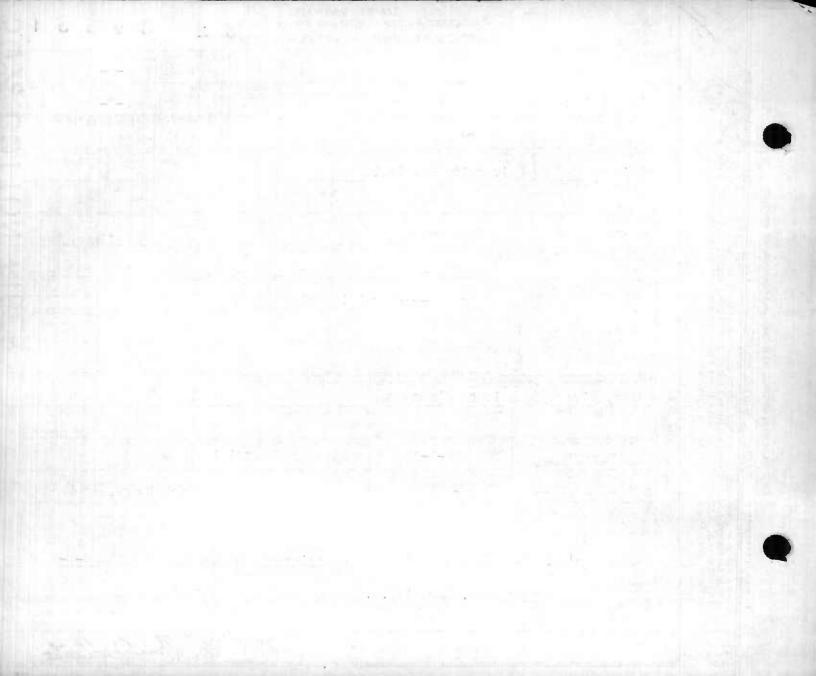
1 get	FOR STATE REGISTRAR			RTMENT OF HE	EALTH AND MENTA R'S CERTIFICATE	673	2 0	9	5 2	9
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	Male	White	MARCH 12 19	27 LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN. PRON	ATE OUNCED EAD	MONTH 4	30 ₁₉ 82	110.07
PARTIE SECTION OF THE PARTIES OF THE	BIRTHPLACE FOREIGN COUNTS	Md.	U. S. A.		MARRIED NEVER MA	RRIED .	timore city of	ity,	OF DEATH	MD.
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BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DEATH PORM PM 3. RETAIN T. PAGES 1 AND 2 SHOULD DIVISION OF WAAL RECORD	130. STATE	E (IF IN NURSING NOME OF COUNTY)	ROTHER INSTITUTION, GIVE RESIDENCE TY	ence before admission; CITY OR TOWN PRAIGHTSVILL	13d. INSIDE CITY LIMITS	- 1 13.	o Pine	Hill	Cour	et
RE, MD. EATH. IF SES 1, 2, A PM 3. A PM 3.	14. FATHER'S NA	ACOP .	MIODLE M	oh R	15. MOTHER'S MA	IDEN NAME	AIDDLE .	BAR	tholow	v-
201 W. PRESTON ST., BALTIMORE, MD. 2120 UTED WITHIN 24 HOURS AFTER DEATH. IF ANY IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, AND EXAMINER ALONG WITH FORM PM 3. RETA I.AL. TRANSIT PERMIT. PAGES 1 AND 2 SHOUL ON, OR REMOVAL.		SED EVER IN U.S. ARA	WAR OR DATES)	SOCIAL SECURITY N	19 Vielet	Make -	MARKI	otts	ille	Md.
ts October	18 CAUSE PART I	DEATH WAS CAUSED	ly one couse per line far (a) BY: GENERAL GUNS), (b), ond (c).) hot wound	of head				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
RESTON S' THIN 24 HC II. IN ITEM 1 II. IN ITEM 1 II. IN SIT PERM II. HYGIENE REMOVAL.		tions, if only, which	DUE TO, OR AS A	CONSEQUENCE OF						
201 W. I	couse	rise to immediate (o) stating the <u>under-</u> couse last.		CONSEQUENCE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PRITING THE WORD "PENDING". IN PENCIL IN TER REDED TO THE CHIEF MEDICAL EXAMINER ALONGE S SHOULD BE USED AS BUSINEL "RANSIT PRE TE DEPARTARIN OF HEALTH AND MENTAL HYGIEF 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO OEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN II	N PART 1 (o).				
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S CERTIF S CERTIF RITING TO SE 3 SHC TE DEPAR	21d INJUR	Y OCCURRED	STREET, FACTORY, FA	URY (AT HOME, RM, ETC.)	Weapon acci 214 LOCATION STREET 6900 Pine Hi	CITY	RIOWN	COUN		STATE
DIVI NER: THIS CE ICATE, WRITH FORWARDE TOR, PAGE 3 THE STATE DE MD, 21201 F		AT WORK	e of the remains described		Autapsy X, Inspec		uiry , and	l in my opin	erroll,	, Md.
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BP	24 FUNERAL DIE		5-3-82	Woodlan	n Centery	TE REC'D. BY REGIS	TRAR 256 REGIS	TRAR'S SIG	MATURE .	
(VR A15 ME (5))	Harry	V. Haight	Aykesir	U. 71/4	d. YMA	Y 3 1982	Corners	Blan	1 mitou	be

Life V Life & Park I and the selection wtings in

2000	1	STATE REGISTRAR	DEPA		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	0 9	5 3 0
		CEASED NAME FIRST DOROTH	IY J.	MOLE	R	20. DATE OF DEATH 4/7/82		2b. HOUR 8:59A
	3 S	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS
4 26		Female	Wh i te	May	26, 1909 TAR	72	YRS.	DAYS HOURS MIN
4 5 2	Jan B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? B MARRI	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH
		Maryland ITY OR TOWN OF DEATH	USA	WIDOW	ED DIVORCED	BALTIMO		MD
W 33	-	Baltimore	JOHNS HOPK	CNS HC	SPITAL	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Homem		Own Home
SHIE	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUI Maryland	NTY 13c CITY OR T		13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 221	Ridgem	eade Road
15/1300	14. F	ATHER'S NAME FIRST Edmund	Van Gor	der	15. MOTHER'S MAIDEN NA Sophie	AME	Kir	nkle
and and I		WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT	ADDI		
3 64 6		No	705 09	0651	John M. N	Moler,	Sar	
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that the d by the ease remal, crema		gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSE		pathy			years
requires en signe Then pl	NOE	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DE AM BU	NOT FILL MED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVEN IN F	PART I(o)
The law reition. te has been sit permit. I green prior shows only in	CERTIFICATION	NONE.	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
SICIAN: The ng physicion certificate bridges to bridge to be a proper to be a pro		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR	PART 2)
uG PHYS attendin ter this c s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN COL	UNTY STATE
ATTENDIN sspital ar CTOR: Af d for use o af Healtl			// '/ /	1.04	nd that in (my) (our) apinion	deoth occurred on the	date and hour and fr	2 , that 41 (we) last
by the hoby the hoby the hoby the hose detached State Dept		RICH ARD	Krause	m	T. T. T. C. L. T. T. C. L. T.	MEDICAL STA	AFF	4/7/82
TO HOSPITAL etained by the TO FUNERAL should be det with the State limportant:		KRAUSE (TYPE O				Broodway	, Battmar	re
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 2 4/9/82		aine Park	23d LOCATION CITY OR TOWN	COUNT	The second second
DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR Henry		& Son		Balto. JE REC'D. BY REGISTRAL	R 251 NIGISTRAPIL	Md
(VRA 15, 4)	4	905 York Road	Balto., Md	. 212	12 A	PR 8 1982	Many 9	anllette

olemen Homen agent out I bene Thir on Editin one was a 1 221 I tolement Roughe nel a Vin Con r some 756 de cet Jahn M. Molan, e A greet Lancing Time. 1 inu Harmer . Junkin Bana Co. HELD York Hospitallo., we. #1210

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN XX (TYPE OR PRINT) 4-7-82 DEATH MATED HERBERT MONTGOMERY 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2회 비연방 DATE MONTH LAST BIRTHDAY) PRONOUNCED black male 7-82 19 48 33 4 DEAD F. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY! USA MD Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 4025 Cedardale Rd. 13b COUNTY Baltimore T3d. INSIDE CITY LIMITS? 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, Herbert Montgomery Norma Sharps IVE PAC 16b. SOCIAL SECURITY NO 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES No 214-50-7224 Doretha Montgomery 4025 Cedardal CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY OF HEALTH AND MENTAL HYGIENE, OF HEALTH AND MENTAL HYGIENE, JRIAL, CREMATION, OR REMOVAL. Cranio-cerebral injuries IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) fatty liver and seizure disorder CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD,"FEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALIT BALLIMORE, MARYLAND, \$1201 PRIOR TO BURIAL, CRE 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MANTH UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject fell striking head MEDICAL 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION Baltimore, Maryland NOT WHILE street AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy X death resulted from Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 4-8-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) Korell 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE 4/13/82 Mt. Auburn Cem. Baltimore MD 250. DATE REC'D. BY REGISTRAR 255 DEGISTRAR'S SIGNAL 24 FUNERAL DIRECTOR DHMH-17 C. March F/H 1101 E. North Ave. (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYG
CERTIFICATE OF DEATH	

	T - STATE HEGISTRAR	DEPART	MENT OF HEAL	TH AND MENTAL HY ATE OF DEATH	GIENE 8 2	0 9 5	3 2
	I. DECEASED NAME FIRST	MIDDLE	LAST	- 1 - 2 - 3 -	TW. DITTE OF DETTIES	ONTH DAY YEAR	26 HOUR
d	ANNABI	ELLE	MOOE	RE	4	/22/82	9:45 A
	Female	4. RACE Negro	5. DATE OF B		6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
5	70. BIRTHPLACE (STATE OR FOREIGN VIRGINIA	76 CITIZEN OF WHAT COUNTRY?	WIDOWED 2		CITY, Bal		MD.
7	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ST . AGNES HOS	ADDRESS)	OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WITH RETIRED/CL		Social arity
1	USUAL RESIDENCE (IF NURSING HOME O 136 STATE 136 COUI MD BALTO		VN 113d	I INSIDE CITY LIMITS?	13e. STREET ADDRESS 4408 ROKE	. 21229	
1	Rolley	Robin	nson	MOTHER'S MAIDEN N	MIDDLE	Nell	
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (1F YES, GI	rmed forces? 166. SOCIAL SECU VE WAR OR DATES) 215-24-	JRITY NO. 17 - 1693A	Mrs. Ali	o.,Md.2↑225 ce Carroll	Rokel Edwards 4	by Road 1408
10.00	PART I. DEATH WAS CAUSE IMMEDIA 4100 Conditions, if ony, which gave rise to immediate	TE CAUSE (a). DUE TO, OR AS A CONSEOU (b) CO RO NAM	ENCE OF	INFARC	REJOHN RECENTION REJOHN	UT BETWEEN	(MATE INTERVAL ONSET AND DEATH
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF				

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

YES -

NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

P.M 21e PLACE OF INJURY

216. TIME OF INJURY

HOUR A.M. MONTH (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

19

DAY YEAR

211. LOCATION

CITY OR TOWN

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

STATE COUNTY

CERTIFICATION

MEDICAL

saw the deceased alive on_above, (1) (we) (did) (did not) view the

NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from

DEGREE

ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22c. DATE SIGNED

THE PHYSICIAN'S NAME (THE OK PRINT)

22e ADDRESS

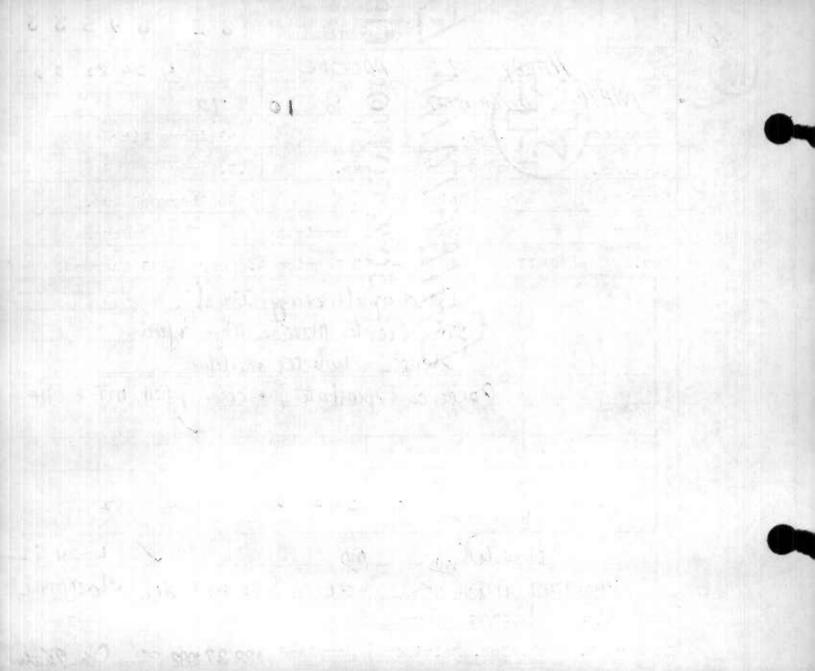
23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/BI (VRA 15, 4)

Buria

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AND THE PROPERTY OF THE PROPER MARKET STREET, suita termed and a form of the Committee Com Fields Julia Server Joseph 223- - cost Com to the Lawrel Drive THE PARTY OF THE P Buriel 4/36/83 Woodland Com, Baltinger Cu and WE C MESC FAT NOT 6 NOW AN 22 1982 Ame O 20

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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4		FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE 8 2 0	9 5 3 6
· 60 11		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
200			BY LEE	Mod		7	1685 5 504
	3 SEX		4 RACE	S DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	7- DI	Female	Black		28 -60	-2266 _{YRS}	
JO Common Strange		RTHPLACE (STATE OR FOREIGN N.C.	76 CITIZEN OF WHAT CO	WIDOW			ITY A
by the filed wif	1	BALTIMORE	(IF NOT IN SUCH FACILITY, G UNION MEN	ORIAL HOS	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS C INDUSTRY
filled in nould be	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO	UNTY 13c. CITY	OR TOWN imore	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 2007 Greenmou	nt Avenue
and 2 st	14. FA	THER'S NAME FIRST Conn	MIDDLE Brid	ges	15. MOTHER'S MAIDEN NA	WIDDLE	Brown
Poges 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	
S. Po		No	578-	24-7536	Eugene Moor	e 1234 E. Chase	Street
ricion. The hos been signed by the attendin sit permit. Then please remove carb giene prior to burial, cremation, or shows ony injury, or other troumotic.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PACE 190 DATE OF OPERATION	196 CONDITION FOR	nibele preservence of preservence preserv	DN WS PERFORMED	YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF PEATH? YES \(\)
S S S S S S S S S S S S S S S S S S S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		NTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART (OR PART 2)
After this certified of the ord Mental although Mental morked or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR)	Y Y, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital RECTOR: ted for us pt. of He em 21 is		27a.1 certify that (I) (this has sow the deceased alive a obove. (I) (we) (did) (did) 27b. SIGNATURE	on 4/16 not view the body after deat	10 82	md that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date and his	pour and from the couses stated 22c. DATE SIGNED
TO FUNERAL DI should be detected with the Store De IMPORTANT: If It		22d. PHYSICIAN'S NAME (TYPE			27e ADDRESS UNTON MEN	MORTAL HOSPITAL	
0 0 0 = 0	_	URIAL, CREMATION, REMOVA		23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
Short of which was a second of the second of							
BP		Burial	4/21/82	Banks	Cemetery	Raleigh	COUNTY STATE

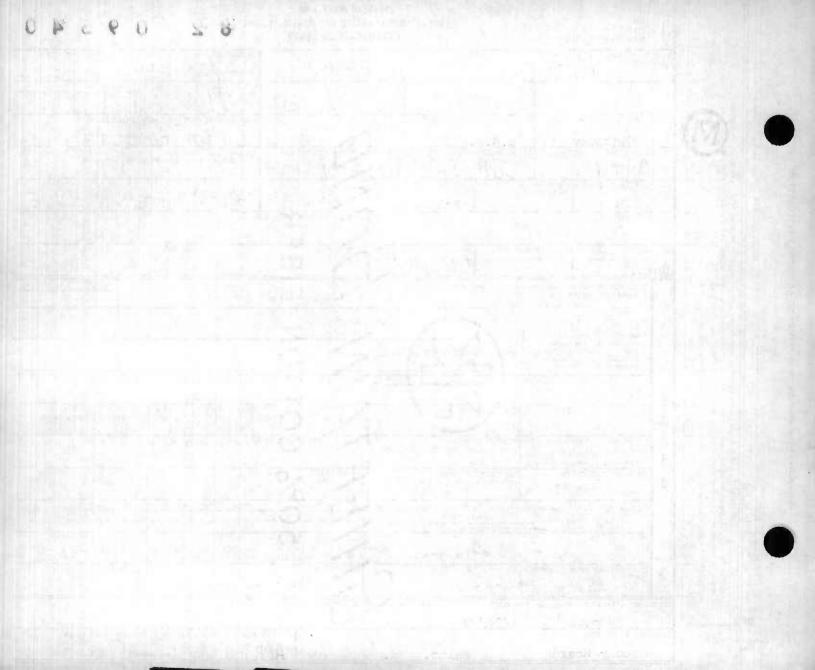
050 0 4 4 ... THE CANALS SEE S. L. AND M. L. STORMAN STATES OF THE STATE

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of the pe		CEASED NAME FIRST OR PRINT) Sadi	2 N	ae	As	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR
poge r deat				ae		ore		982		M
tar, p	3 SE	Female	4 RACE	ite	5. DATE C		6. AGE TIN YEARS LAST BIR	^	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Poge	7a. B	RTHPLACE (STATE OF FOREIGN		WHAT COUNT	RY? B	~ = /; . /:=	9. BALTIMORE CITY O	YRS.	OF DEATH	
orth.		Virginia	1/54		MARRIEI	NEVER MARRIED	0 /		. ,	
thing the	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	mone (IR KINDO	MD. F BUSINESS OR
by the filled w	Be	altimore	747	CH FACILITY, GIVES	St. Bal	to.Md.	Housewife		E) INDUSTRY	
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AN fill y fill should		ryland -		Baltim	one	YES XX NO		os St.	Balto.	kl.
d with d with snd 2 snd 2 s	14. FA	ATHER'S NAME FIRST PENTU	MIDDLE	Brown		IS MOTHER'S MAIDEN NA FIRST Tennie	WE		Sproud	e
ORE, A	16a \	WAS DECEASED EVER IN U.S. AF			ECURITY NO.	17 INFORMANT	ADDRI	ESS	0,000	
IMOR	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	220-2	2-7687	Mr. John A. Moor	re, Same as o	above		
SALT ore k rsicro pers ool.		18 CAUSE OF DEATH (Enter of	nly one couse pe	r line, for soi, (b	, and (c)	1			BETWEEN	MATE INTERVAL
ortifica phy on po eman		PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	NIYO	CAND	IAL INFA	KETTON			
DN sorbing or recording or recording		4100	DUE TO. C	OR A& A CONS	QUENCE OF					
death death of tion, of tion, ouma	- 7	Conditions, if ony, which	(b)_	A.5.6	r. V. 6			200		
the remo	6	gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSE	QUENCE OF					
on w		underlying couse lost	(c)_							
tos, 20 aquires signed then plu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVI	EN IN PART 110	3
beer mit.	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
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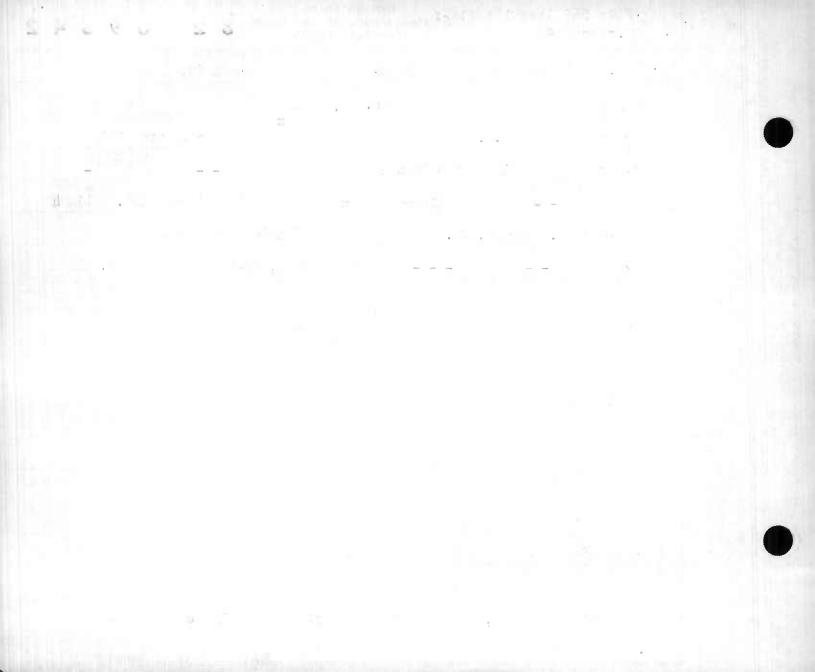


Film 569 Item 18b 21a F STATE OF MAKYLAND

CERTIFICATE OF DEATH

REG. NO.

1. - STATE 7-14-82 en



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and Mental Hygiene prior tabe urial-transit permit. 00

MPORTANT: If Hem 21 is marked or Hem

should be detached for with the State Dept. of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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23a BURIAL, CREMATION, REMOVAL 23b. DATE

4/8/82

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Burial

FOR

1 - STATE

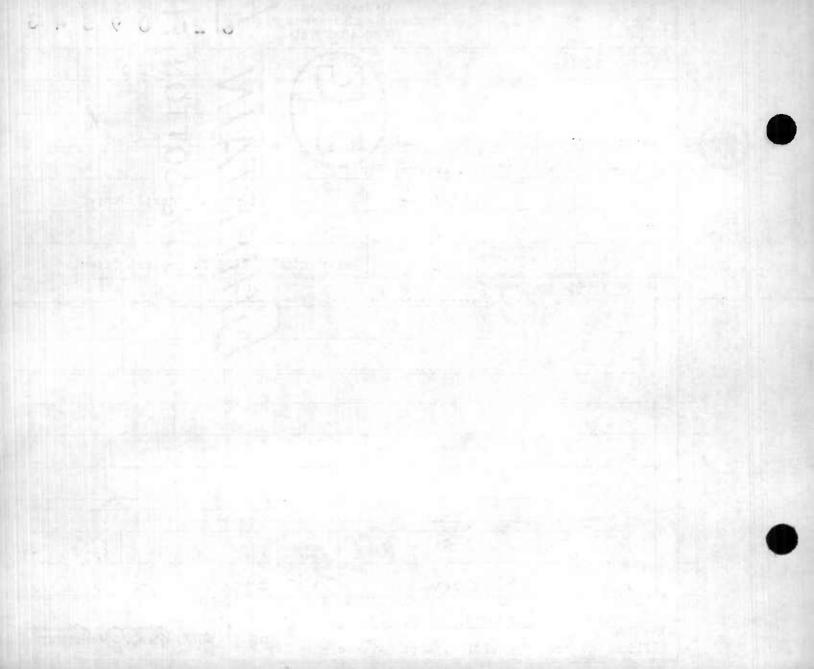
Eastview Memorial

23d. LOCATION
CITY OR TOWN
Baltimore

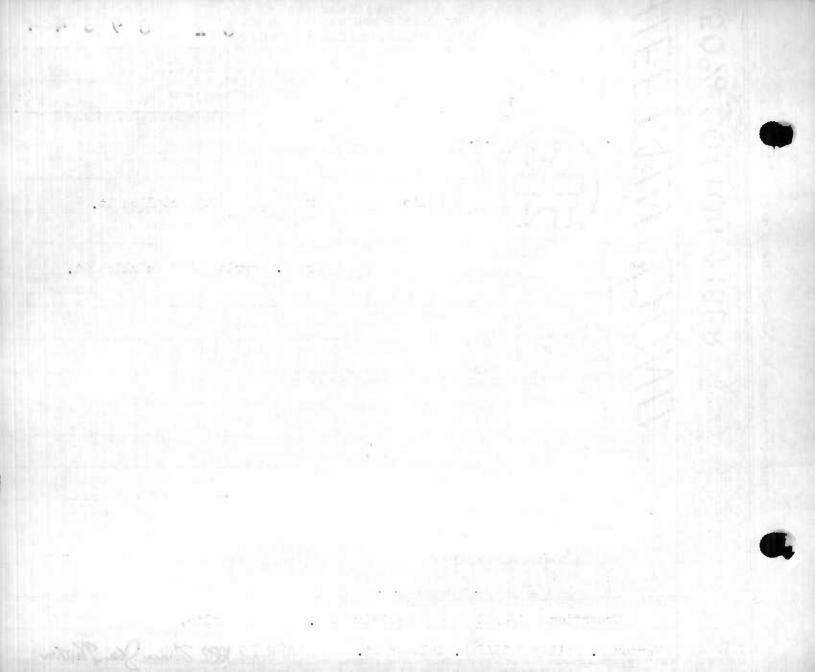
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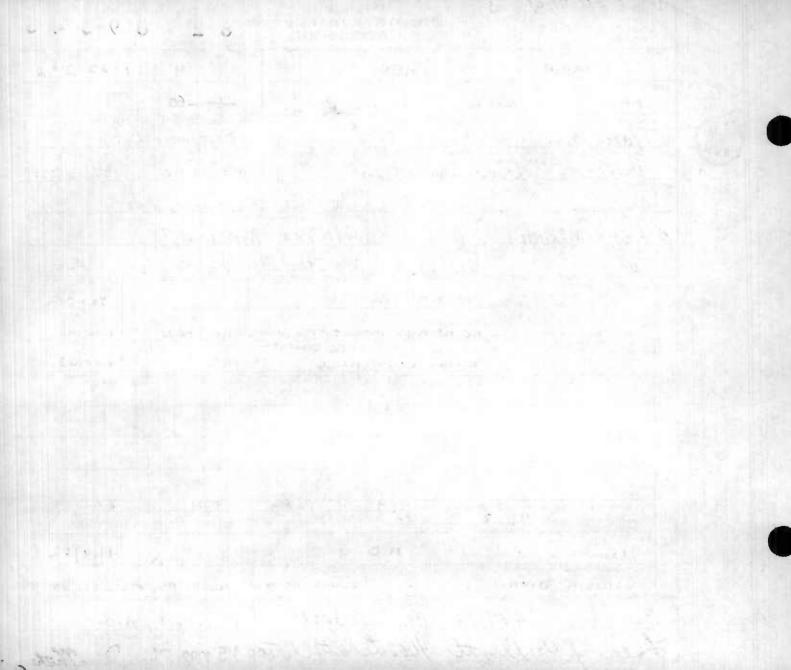
24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

William C. March F/H 1101 E. North Avenue



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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁

#4, per Birth Certif.

7/9/82 kam

Witzke Funeral Home

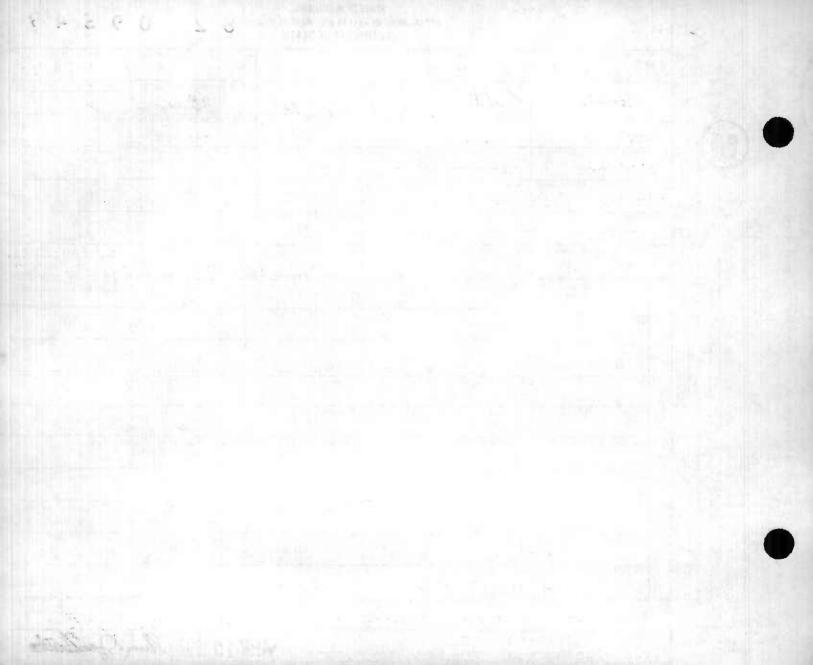
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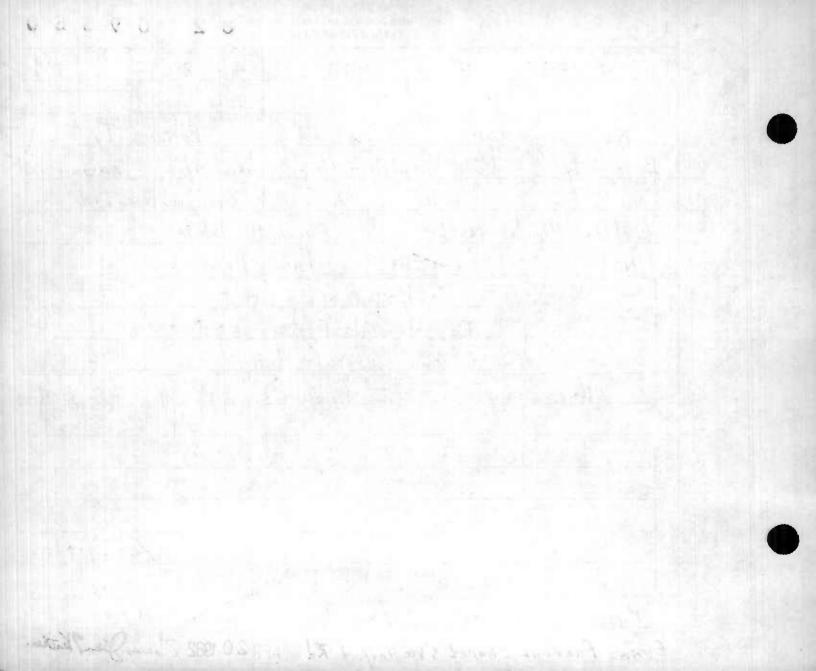
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 5 4	9
8	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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8 19 3	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City Hospital 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	SINESSOR
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¥ 3 6 0 5 C	Alfred E. Mosley Mary S. Tracey	<u></u>
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At WORK AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from 3 - 15 - 19 82, to 4 - 8 - 19 82. That (1) (we saw the deceased alive on 4 - 18 82 and that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (ly/web/did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	ANOR ALK MALL MALL MALL MALL MALL MALL MALL	PHY endi	MED					CITY OR TOWN	COUNTY	STAT
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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the

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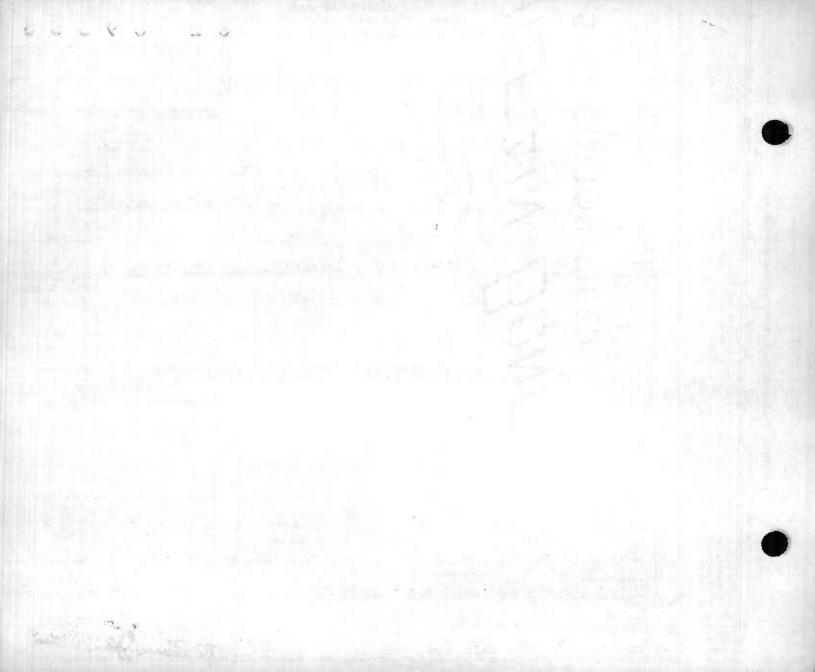
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(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH April 2, 1982 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR INDUSTRY BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Severe Kyphosis, 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? MARK and that in (My) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 4/2/82 PHYSICIAN DIRECTOR PHYSICIANXX c/o Maryland General Hospital CITY OR TOWN M2M. BALTO 24 FUNERAL DIRECTOR STRAR'S S GNATU URGEE FLAZERAL HOME 3631 FALLS Rel 212

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REG. NO REGISTRAR DECEASED NAME 20. DATE KNOWN HTHOM 26 HOUR (TYPE OR PRINT) ESTI-RUSSELL MURPHY B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM 3, RETAIN PAGE 5 FOR YOUR FILES. IN PAGES 1 AND, 2 SHOULD BE FILED. WITHIN 72 HOURS DIVISION OF XIJAI RECORDS, 201 W. PRESTON STREET. M DEATH MATED X 82 19 4. RACE 3 SEX 5 DATE OF BIRTH & AGE LIN YEARS IF UNDER 1-YR IF LINDER 24 HRS 2d HOUR DATE VEAD LAST BIRTHDAY PRONOUNCED MALE WHITE Sept. 18,1918 1982 DEAD 14 7:52 63 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH am MARRIED NEVER MARRIED FOREIGN COUNTRY Maruland U.S.A. Baltimore WIDOWED . DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126. KIND OF BUSINESS Roland Avenue FOR MOST OF WORKING LIFET OR INDUSTRY Baltimore #6 Clerk REA Express Trucking USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maruland Baltimore YES TE NO 3939 Roland Ave. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Martin Murphy Grace Russell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWNI LIFYES GIVE WAR OR DATES! Yes WW TI 215-01-9192 Bernard C. Rice 4704 Elison Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IR USED AS A CERTIFICATION 190 DATE OF OPERATION E 3 SHOULD BE USED. EDEPARTMENT OF HE 31 PRIOR TO BURIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY OR YEAR THIS CERTING THE UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 71e PLACE OF INJURY LAT HOME 21 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED FOR THE STATE DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATILIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry death resulted from: Natural cau Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 4/14/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. Penn Street Balto MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY CITY OR TOWN STATE Baltimore National Baltimore Burial . 7982 Maruland 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE J. a. There **DHMH-17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5) 15M 2/80



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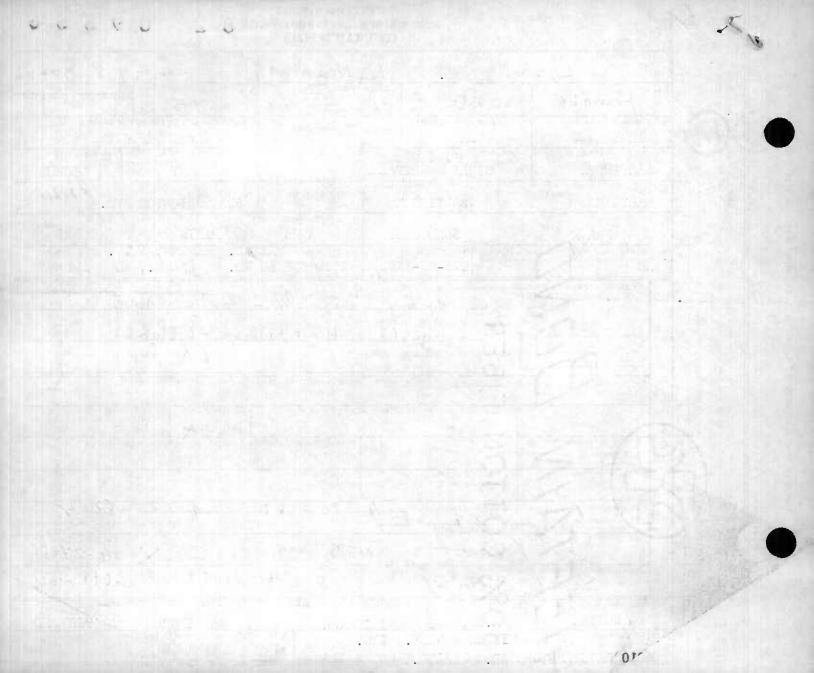
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DESTH REGISTRAR REG. NO DECEASED NAME KNOWN 20. DATE MONTH (TYPE OR PRINT) OF ESTI-Franklin 4 27 19 82 Nash 4. RACE SEX 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE AST BIRTHDAY PRONOUNCED male 63 white Aug. DEAD 1982 5:10h BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED (NEVER MARRIED FOREIGN COUNTRY) Maruland DIVORCED Baltimore City

UPATION (TYPE OF WORK 12h KIND OF BUSINESS WIDOWED HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 1. 2. AND 3 TO THE FUNCE AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2 STOUTH BE FILED OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL PEORRES, DIVISION OF VI O. CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore St. Agnes Hospital Machine Operator SUAL RESIDENCE HE IN NURSING HOME 3a STATE 134 STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD, 21201 1136 COUNTY 13d. INSIDE CITY LIMITS? Laware Ave Balto Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nash Sies Frank Bertha 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Yes Mrs. Helen L. Nash, Same as above CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Canditions, If any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 4/28/82 Assistant DATE SIGNATURE MEDICAL EXAMINER Guard, M.D. EXAMINER'S NAME Hormez R. 111Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Meadowrijdo e Mem. Park brseu Howard 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH - 17** d'ully Funeral Home. 237 E. Patapsco Ave. Balto. (VR A15 ME (5)) 15M 2/80

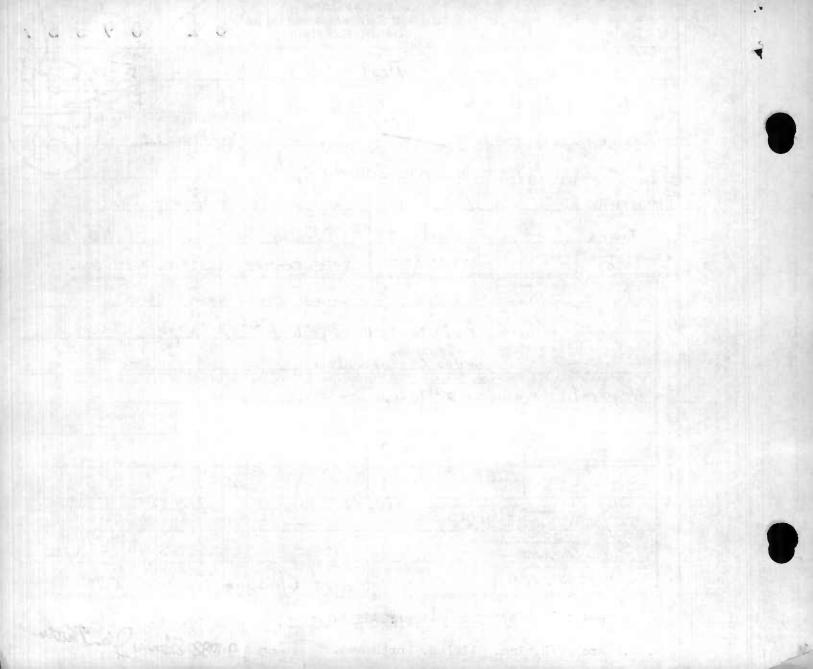
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTS 00 3. SEX 4. RACE DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS MONTH AEVB DATS 120 3 44 BIRTHPLACE CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 19KA DIVORCED WIDOWED TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Holton Nea 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 219-52-4983 Edith Gardner 2415 W. North Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause lai, stating underlying cause last part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 11g CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 206. IF YES, WERE FINDINGS USED 2 78n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F intel Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) PM 19 5 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN Po STREET COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF old be deta MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CIAN'S NAME TYPE OR PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 4/19/82 Burial Balto. Co. King Memorial 24 FUNERAL DIRECTOR DHMH-16 50M 1/81 1101 E. North Ave. (VRA 15, 4) Wm. C. March F/H, Inc.



- STATE

REGISTRAR

Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

laninec ADDREdgewood Barbara A. Ostrowski, 626 Boxelder Drive acute 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Apr. 16, 1982 Bel Air Memorial Gardens Bel Air Harford Md.

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DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR Howard K. McComas III. Abingdon, Md.

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1ZABETH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) etired Secours 13a. STATE 136 COUNTY 13L CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ALTO. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Bruce 160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ralph Newman N. Pulaski St NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) - RESPIRATORY PART I. DEATH WAS CAUSED BY CARDIO IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF PANCREATIC METASTATIC Conditions, if ony, which gove rise to immediate ADENO CARCINOMA couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) Athis haspitals attended the deceased from 82, and that in (our opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove (I) we (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) SECOURS 5 of 3 23a. BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Hopkins Chape ma urial It oward Co. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 DHMH-16 30M 2/80 (VRA 15, 4) C. March F/H 1101 E. North Ave

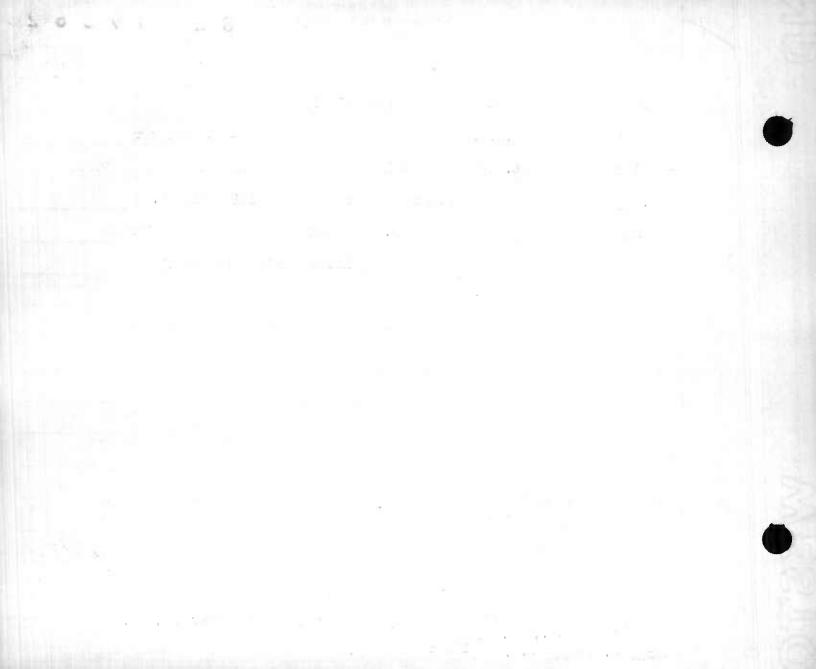
10291 AND THE REAL PROPERTY OF THE P The state of the s 21 22 219 Rolley Newman 24 M. Pulasis Burnet Will Ex Happins Chapel Haward Con - 18 19 19 was C. March CH LIN 6. North Buc. 1 requires that the death certificate be executed within 24 hours

TENDING PHYSICIAN The low

TO HOSPITAL

J. Gonce

X	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	0 2	0	9 5	6 2	
e 4		CEASED NAME OR PRINT)	Harry		ly, Jr.	ι	AST	20 DATE OF DEATH	1 1, 198		3:21 M	
of the second	3. SE	Male		RACE White		S DATE O	DAY YEAR	54 YRS.		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
6 8/27 h	V	RTHPLACE (STATE OR F DUNTRY) Tginia		U.S.A		WIDOWE			ore City	1	MD.	
of the second	Ba	ty or town of DE		St. A	nes Hosp	ital	OR OTHER INSTITUTION	(TYPE OF WORK FOR MO Carpente		BUSINESS OR		
filled in hould be	TISO. STATE 136 COUN				Baltimo	134. INSIDE CITY LIMITS?		1610 Col	e St.			
and 2 sl	14. FA	Harry	MI	DDLE	Nicely	Sr.	IS MOTHER'S MAIDEN NAME FIRST MALTY FIRST MIDDLE F			Forbes LAST		
ician and co		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES, GIVE V									
signed by the ottending phys hen please remave carbon pop to burial, cremotian, or remove njury, or other troumatic event,	NO	PART 2 OTHER SIG	IMMEDIATE /, which mediate ng the e last	BY: CAUSE (a)	RAS A CONSEQUE	ry fa	ilure tive pulmonary				MATE DITERVAL INSET AND DEATH	
hysicion. icote hos been ronsil permit Hygiene prior 18 shows ony ii	CERTIFICATION	19e DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO P	IN CERTIFY	WERE FINDIN		
trending physic r this certificate the burial-trans and Mental Hyg ed or them 18 sh	MEDICAL CER	216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 216. INJURY OCCUR	CAUSE OF DEATH	P. 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	ED (ENTER NATURE OF)		COUNTY	STATE	
RECTOR After of for use os 1 pt of Health of H		22e I certify that (I saw the decease obove, (I) (we) (12th SIGNATURE) (HATS THE STATE	A	7		19 81 19 81 and that in [my] (XX opinion of DEGREE	, toApri death occurred on th				
retoined by the should be detoch with the State De.		224 PHYSICIAN'S N Agaton H			M. D.	M.	ATTENDING PHYSICIAN 220 ADDRESS SPRING	DIRECTOR PHY	OSPITAL	CENTER	1/82	
BP	(BURIAL, CREMATION	, REMOVAL	236. DATE 4/5/1	982 C		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Balti	more. Md	OUNTY	STATE	
DHMH-16 20M (VRA 15, 4) 7/7B		orge J. G		, Md. 2	1225 DDRESS 001 Rite		25a. CAIE	REC'D. BY REGISTR 7 1982			IRE Laster	



STATE OF MARYLAND

1 0 2 0 2 [10] SA14 - [10] SANDER (MAN) SANDER (MAN) SANDER Mus Talacto of 25 lb 1 65 STORY INDICE SOMETIMES TO STORY THE AND LESS ENGINEERS AND LESS OF FRIENDS EDIL OF BUILDING WARRED OF BUILDING THE STATE SITY SENTING MEDICAL CORRESPONDED TO STORY GETSTIGHT MIGSTERSYM ETTER PRINTER LAND FOR INCIDENCE A PRINTER LAND THE BUT OF STATE OF S SCALL STEETING WITH SOOK WITH STEETS STANKE APR 13 192 Three T

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR					RE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1000LE LAST 20 DATE OF DEATH MONTH DAY Y								
		CEASED NAME FIRST		W.	NT.	AST				28 1100K						
		List		٧٧٠.		kles		il 9,				:30P _M				
	3 SE)	Male	White	9	S. DATE C		6. AGE (IN YEARS LA			UNDER I YE		INDER 24 HRS				
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	.A.	(? 8 MARRIE WIDOWE	D NEVER MARRIED K	9 BALTIMORE CI Balt	TY OR CO				MD				
8]	TY OR TOWN OF DEATH Baltimore	Mary.	land Gen	eral H	ospital	120 USUAL OCCU ITYPE OF WORK FOR M Engineer	OST OF WOR		INDUST	RY	ic ic				
5	13a. S Ma	aryland B	ROTHER INSTITUTION DUNTY Saltimore	GIVE RESIDENCE BEFO 13c CITY OR TO TOWSON	WN	13d. INSIDE CITY LIMITS? YES NO K	13e. STREET ADDR 205 E. J		Road	d, 2	1204					
0	I4 FA	THER'S NAME FIRST	J. I	Nickles		Amelia	ME L.	DIE	J	ohns	LAST ON	34.0				
		AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	A	DDRESS	Cock	eysv	ille	, Md.				
L.	. "		WWII	217-12-	7815	Howard J. Ni	ckles, 10	0303	Gree	nsid	e Dr	ive				
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	b (b)	R AS A CONSEQ												
	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR (ONDITIO	N GIVEN	IN PART	I(a)					
2	TIFICAT	April 6, 1		urrent M		OMO	200 AUTOPSY?	IN	. IF YES, V CERTIFYIN		SES OF D					
	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	21b. TIME O HOUR A./ MINER)	F INJURY M. MONTH M.		21¢ HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN IT	EM 18 PART	I OR PART	2)					
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	DF INJURY BET FACTORY, OFFICE	E FARM ETC)	211 LOCATION STREET	CITY	OR TOWN		COUNTY		STATE				
		22a I certify that X (this h saw the deceased aliv- abave, (I) (we) (did) X 5 22b. SIG			, 61	od that in (mx) (our) opinian	100	he date or								
		Jaren	Varh	Nan.	nn 1		MEDICAL DIRECTOR PH	STAFF IYSICIAN [X	47	10/	82				
		22d. PHYSICIAN'S NAME (T				22e ADDRESS	. 1 0	1 116-		1		11/21/				
	22		tivarian,			c/o Maryla			pita	11						
	/3a B	CURIAL, CREMATION, REMO SPECIFY) Burial	23b. DATE 4-13-			EMETERY OR CREMATORY	23d LOCATION CITY OR TOW Parks		Austral and a strategy	QUNTX M	arvl	and				

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR

Parkwood Cemetery

Maryland

1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

APR 12 1982 There

betand out to analysis the heart Tarel Vorthwartan, Ut.O. FOR

REGISTRAR DECEASED NAME

Male

Md.

14 FATHER'S NAME

Alexander

22b. SIGNATURE

Buria1

22d. PHYSICIAN'S NAME (TYPE OR PLINT)

Norberto Machiran 230 BURIAL CREMATION, REMOVAL

BIRTHPLACE (STATE OF FOREIGN

ID CITY OR TOWN OF DEATH

Baltimore

Walter

136 COUNTY

4. RACE

White

USA

- STATE

TYPE OR PRINTS

3. SEX

13a STATE

Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂 CERTIFICATE OF DEATH MIDDLE 20. DATE OF DEATH MONTH DAY 26 HOUR Nierwienski April 5, 1982 F. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR NOV. 27, 1926 55 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED City WIDOWED 120 Retired PASupervisor Kind of Business OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS! Sparrows Point Tin Mill Disab. 5704 Cedella Avenue WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Baltimore 13d INSIDE CITY LIMITS? 5704 Cedella Avenue YESKIX NO 15 MOTHER'S MAIDEN NAME MIDDLE LAST Nierwienski Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS

(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	220-18-9837	Mrs. T	ina Ni	erwienski .	Same	c/s	
	PART I, DEATH W	H (Enter only one cause per AS CAUSED BY: IMMEDIATE CAUSE (o)	ARDIOGENI	c 5	hock	, 1		APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEAT
	Conditions, if ony,		LIREMIA						
	gave rise to imm cause (a), statin underlying cause	nediate g the DUE TO. O	RAS A CONSEQUENCE OF	ephrop	ATHY	AND Nephe	oscler	rir ,	
NOI	Seven		TENSION :					IN PART Tra	
TIFICAL	19a. DATE OF OPERA	TION THE COND	TION FOR WHICH OPERATIO	N WAS PERFO	MED	200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS NG CAUSES OF	
CAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW IN.	URY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART	I OR PART 2)	
MEDI	21d INJURY OCCURE	LE CAT HOME, STE	OF INJURY BEET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATIO	Ν	CITY OR TO	wn	COUNTY	STATE

FEBRUARY

M.D.

Gdns. of Faith

DEGREE

236 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

Apr.8,1982

23b. DATE

APRIL

22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an APEIC above, (I) (we) (did) (did not) view the body after death

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SAGNATUR

220 DATE SIGNED

Md/

STATE

COUNTY

10 PRESENT

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

St. Agnes Hospital Baltimore, Maryland

23d LOCATION

Baltimore

PHYSICIAN DIRECTOR PHYSICIAN

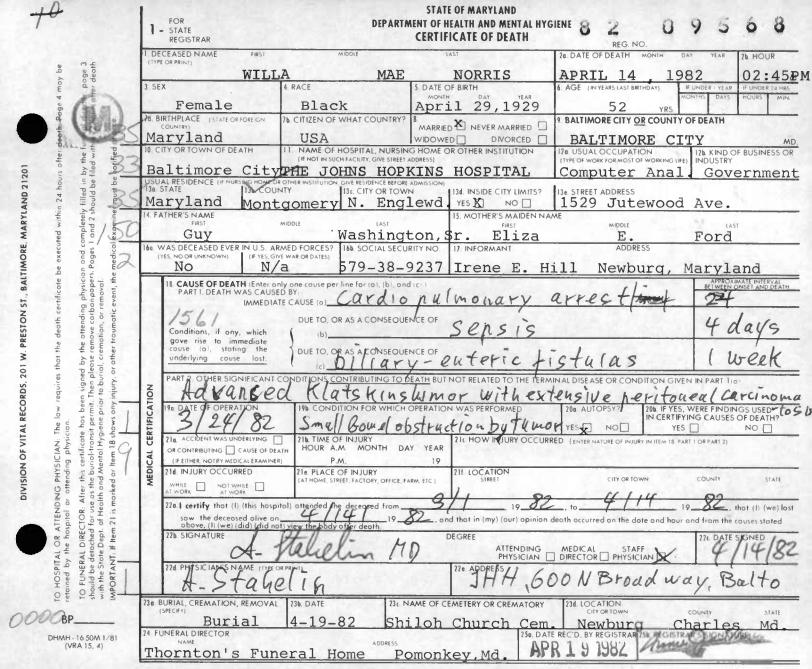
LARSON THE SUICH A CHEST SERVICE AND VEHICLE OF CONTRACTOR SECTION AND SECURITIONS OF SECURITIONS 199 7 1992 Thousand Star

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

North 20 - 44- (grt1 18 20 162) Section 12 14-62 La La Distance Tennent bestvad aka The 22 Bill Break Vis Thirthe

	1/	STATE OF MARYLAND		
14	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 2	09567
	1 DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST	20 DATE OF DEATH	AONTH DAY YEAR 26 HOUR
be see that	Fstella F.	NORMAN	1	14 an 82 130 m
may be page,	3. SEX 4 RACE		6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER LYEAR IF UNDER 14 HRS
ge 4 ector	I F B	MONTH DAY YEAR	71	MONTHS DAYS HOURS MIN
Poor I dire	TO BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT CO	OUNTRY? 8	BALTIMORE CITY OR	
S and S	COUNTRY) MD.	A. WIDOWED DIVORCED	BALT	O. City, MD
(T) 4.11	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL		120 USUAL OCCUPATIO	
5 (MA) 34	BAITO, BANSE	NURS HOSDITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
E MAN	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDE 130 STATE 130. CITY	OR TOWN 13d INSIDE CAY LIMITS?	130 STREET ADDRESS	BAIto. Md. 21216
8 4 4 1	MD. BAITON B	ATO YES NO D	2041 Be	entaloust.
	14 FATHER'S NAME	15 MOTHER'S MAIDEN NAM	E	
1 11 990	Arthur Jo	MISON SARAH	WIDDLE	white.
# 00 00 1		IAL SECURITY NO. 17 INFORMANT	ADDRES	S
MO to	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	-18-57017 Iva B. A	ice 928	Belgian Ave.
AL STATE OF	18 CAUSE OF DEATH (Enter only one couse per line for so		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T, phy phy man phy	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	astriti Cavcinon	a Colo	~
N a page	1/539 DUE TO, OR AS A CO	DISEQUENCE OF		
SSTC feed feed feed feed	Conditions, if any, which (h)	SNSEOCINCE OF		
A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gave rise to immediate cause (a), stating the DUE TO, OR AS A CO	DISEQUENCE OF		
A to the state of	underlying cause last.	SINGE OF THE STATE OF		
7. or ple	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN PART 1(a
RDS	Q			
BCC Only	190 DATE OF OPERATION 190 CONDITION FOI	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1 11 11 10	3/26/02 Carcino	-a Cota.	YES NO	YES NO
\$ 32 332 80	210. ACCIDENT WAS ENDERLYING 216, TIME OF INJURY HOUR A.M. MOI	NTH DAY YEAR 21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
Section 1	ALE ELLIES MODIES MEDICAL EXAMPLES.	19		
Sign of the party	216. INJURY OCCURRED 216. INJURY OF THE TOTAL STREET, FACTOR	Y 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
MA CONTRACTOR	NOT WHILE AT WORK	2/1	11	2/2
0 0 0 0 E	17s I certify that (I) (this base/fol) aftended the decease	23 //	_, 10	19 2, that (1) (we) last
2 of 5 of 5	saw the deceased alive on above (ii) we' (he body offer dea	rh	eoth accurred on the dat	te and hour and from the causes stated
A D S C S C S C S C S C S C S C S C S C S	77h SIGNATURE	DEGREE	MEDICAL STAFF	22t. DATE SIGNED
3, 3414	7.1100	PHYSICIAN [DIRECTOR PHYSICIA	AN 🗌
105PIT med by FUNER of be d	276 PHYSICIAN'S NAME CLUB OF PENT)	22e ADDRESS	Con	
4 0 4 W	TOTOONCH	E BM	ccoun	
200	230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)	23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
50 YBP	Burial 4/24/82	Mt. Calvary Cem	Baltime	
DHMH 16 60M 1/75	Wm C. March F/H 1101 A	PRESS North Ave. 250. DATE	2 2 1982 PART	h. REGISTA
(VII A 13 (4))	wm. C. March F/H 1101 F	. NOTTH AVE.	2 2 1000	

A SEC SEC SEC.



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41							STAT	E OF MARYLAND						200
1	1-	FOR STATE REGISTRAR				DEPAR		IEALTH AND MENTAL HY	0 4	G. NO.	9	5	6	9
		CEASED NAME	FIRST M	ARY	MIDDL	E.		NORTON	2a DATE OF DEAT		DAY	YEAR	2b HQU	JR .
Н	(TABE	OR PRINT)	ary	MIN I	E		No	rton		4	14	82	20	5P
	3 SEX		ret -	4 RACE			, , , ,	DE DIDTIL	6. AGE (IN YEARS LA			ERIYEAR	IF UNDER	24 HRS
		Emple			White		MA	ர்.™¶ஆ, 19 <u>10</u>	72		MONTHS	DATS	HOURS	MIN.
	₹a. 81	RTHPLACE (STATE OR	FOREIGN	76 CITIZE	N OF WHA	TCOUNTRY	? 8.	-	9 BALTIMORE CIT	YRS TY OR COUN		ATH		
5		Maryland		U	SA		WIDOWE	D NEVER MARRIED		imore	City			MD.
	10 CI	ITY OR TOWN OF DE	ATH	11. NAM	E OF HOSE	PITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCU	PATION	12b.	KINDO	F BUSINE	
2		Baltimore			-	Hospi			Operato	DST OF WORKING	LIFE) IN	&P	Tele	phone
	130 S	AL RESIDENCE (IF NUR	136 COUP		130	CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	ESS		19		
2	14.51	Maryland			Ва	ltimo	ce	YES X NO		holwood	d Lar	18	le,	
1	14 FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDEN NA	AME M(DD	LE SI		LAST		
1		Michael		Α.		orton		Maria		-	Di	Antho	ony	
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FOR	ATES)	SOCIAL SEC		Mr. Robert	Rotton, ty	1795 21	043	Clov	er F)r
		la cause of Bear						11121 1100020	1102 0011, 10	7120 01		14		
		18 CAUSE OF DEAT PART 1. DEATH V	VAS CAUSE	D BY	0	-moNA	-	EMA 4BILATE	EDA, PLE	URAL		APPROXIMET OF		DEATH
		11000	IMMEDIA.	TE CAUSE				CMA 4 DICHIL	SICH C	EFFUSIO	N	, 17	OURS	_
		Canditions if any	which	DUE	TO, OR AS	A CONSECT	UENCE OF	renal &	Carlesse					
		Canditions, if any, which gove rise to immediate couse (a), stating the DUETO, OR AS CONSTOUENCE OF												
		underlying cause		1000	ID, OR AS	Cong	stin	heart	suiture	18 15				
		PART 2 OTHER NO	NIFICANT	CHIDITIO	NS CONTR	IBUT POPTO	DEA <u>TH</u> BUT	NOT RELATED TO THE TER	MIMAL DISEASE OR C	ONDITION G	IVEN IN I	PART 11a		
	TION	0	pere	les	de	Mil	42.1	ofy por	hrowie	and	me	4		
	MEDICAL CERTIFICATION	19x DATE OF OFERA	TION:	196.0	MOITIGNO	FOR WHICH	H OPERATIO	N WAS PERFORMED	20s. AUTOPSY2	IN CERT	ES, WERE	FINDIN	OF DEAT	H?
\dashv	ERTI	71s. ACCIDENT WAS UN	DERIVINO F	7 715 T	IME OF IN	ICHIY		The HOW INJURY OCCUR	YES NOT	per la	YES E		NO [
П	N C	OR CONTRIBUTING	CAUSE OF DE	HOL	JR A.M.		DAY YEAR	THE HOW MIGDEL OCCOR	TENTER HATTER OF	STATE OF STREET	- August Con	P-961 VI		
1	DIC/	214 INJURY OCCUR		_	P.M.	111109	19	211 LOCATION						
-	ME	WHAT I'S HOOM	100 E	(41.80)	WAL STREET, F	ACTORY, OFFICE	FARM, STC.)	STREET	CITY	DE FOWN	00	EPITE.	- 3	TATE
-1		22a. I certify that (I)		tal) attend	led the de	contad from	4	114 108	2 4	114	10 8	2		11.
		saw the deceas	ed olive an	U	1/1	1 19	82/	d that A (my) our) opinion	death accurred on the	e date and he	our and f		hat (1) (v auses sta	-,
		22b. SIGNATURE)	1) view the	bodylotter	deoth.		DEGREE			22	c. DATE	IGNED	-
			In	1/	100	Bre	und	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	2	4/	14	100
		228. PHYSICIAN'S N	AME (TYPE C	R P(INT)	617			22e ADDRESS	2	611		1	1	181
		Dr. A	lbue	rne				5/2/	tynis	· Ke	95V			
	23a B	URIAL, CREMATION,	REMOVAL	23b. DA	TE	23€.	NAME OF C	EMETERY OR CREMATORY	3d. LOCATION		1	74		
		Burial		4/1	7/82			nedral Cem	Baltim		1	RPY!	96	Then
								sville,Md 250. DA	APR 1619	BP256 REE	show	25	4	
	Wit	zke Caton	svill	Fun	eral	Home,	P.A.	21228	APR 16 18	T				

DHMH - 16 50M 1/B1 (VRA 15, 4)

		4 7 6	
	THE PARTY OF		
will complete		ALD UL	
leafar 702 in April 2016			
the state of the state of the			
West Man		493 1 3441	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending is should be detached for use as the burial-transit permit. Then please remove cortains with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or with

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	2 REG. I	0	9	5	7
1. DECEASED NAME	FIRST	MIDDLE	LAST	a DATE O	F DEATH	MONTH	DAY	YEAR	Tab HOL

	REGISTRAR						ALL OF PLATE	REG. I	10.		
	PECEASED NAME	FIRST		MIDDLE		LAS		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
L		Guv		D.	Not	tingh	am Sr.	Apr	il 22,	1982	6:05P
3. S			4. RACE	8		DATE OF		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	
10	Male		White			Feb.	2nd^, 1885	97	YRS.	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COL	UNTRY? 8	14 4 DD 15 D	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	Baltimore,	Md.	USA			VIDOWED		n 1. 1	e City	y	MI
4	CITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL,	NURSING H	HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPA		126. KIND	OF BUSINESS OR
	Baltimore		_				spital	"SelyP" Empl	oyed "	1 3 PAG	dyes
13a	UAL RESIDENCE (IF NUR STATE	136. COUN	OTHER INSTITUTION	GIVE RESIDEN	OR TOWN	MISSION)	d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Md.			Balt	o Cit	У	YESX NO [1123 Rambi	ewood	Rd. 21	239
14. F	FATHER'S NAME		MIDDLE		AST	1	MOTHER'S MAIDEN NA			TA TA	
	Alonzo No	tting	am			100	Heleh T. C	arver			151
	(YES NO OR UNKNOWN)	IN U.S. AR	MED FORCES?	166 SOCIA	AL SECURITY		. INFORMANT	ADDR		10.0	
				215-1	12-735	57 N	rs. Joanne	N. Hubbard-	705 St	. Geor	ges
	18 CAUSE OF DEAT PART I. DE ATH V	H (Enter on	y ane cause per	line for (a),	, (b), and (c	17				APPRO) BETWEEN	NIMATE INTERVAL
	PART I. DEATH V		E CAUSE (a)	Conge	stive	Hear	t Failure				eeks
	15 666		DUE TO O	D AS A CON	NSEQUENC	E OF					
	Canditions, if any	, which					th Acute Ex	acerbation			
	gave rise to im	mediote									
	underlying cause		DUE TO, OI	R AS A CON	NSEQUENC	E OF					
37	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	NTPIRUTIN	NG TO DEA	TH RUT NO	OT RELATED TO THE TER/	WIND DISEASE OD CON	IDITIONICA	511 11 1 1 1 1 1 1	
Z	Atrial	Fibr	illation	1	TOTOTEA	<u> </u>	THE PERF	WINAL DISEASE OR CON	IDITION GIV	EN IN PART I	a
CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR	WHICH OPE	ERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FIND!	NGS USED
Ě	0-30		172					YES TO NOTX	IN CERTIF	YING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UN	DERLYING _					Ic. HOW INJURY OCCUR				140
AL	OR CONTRIBUTING				TH DAY	YEAR					
MEDICAL	21d INJURY OCCUR		21e. PLACE (19 7	II. LOCATION				
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	Craig/	R. Ma	ctin, M.	D.			c/o Marvl	land General	Hosp	ital	
23a	BURIAL, CREMATION,		23b. DATE		23c. NAM	NE OF CEN	ETERY OR CREMATORY	23d LOCATION			
	Burial		4/26	182			H. Cem.	CITY OR TOWN		COUNTY	STATE
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24 FUNERAL DIRECTOR UHMH - 16 50M 1/B1 (VRA 15, 4)

Mitchell-Wiedefeld Home-6500 York Rd. 21212

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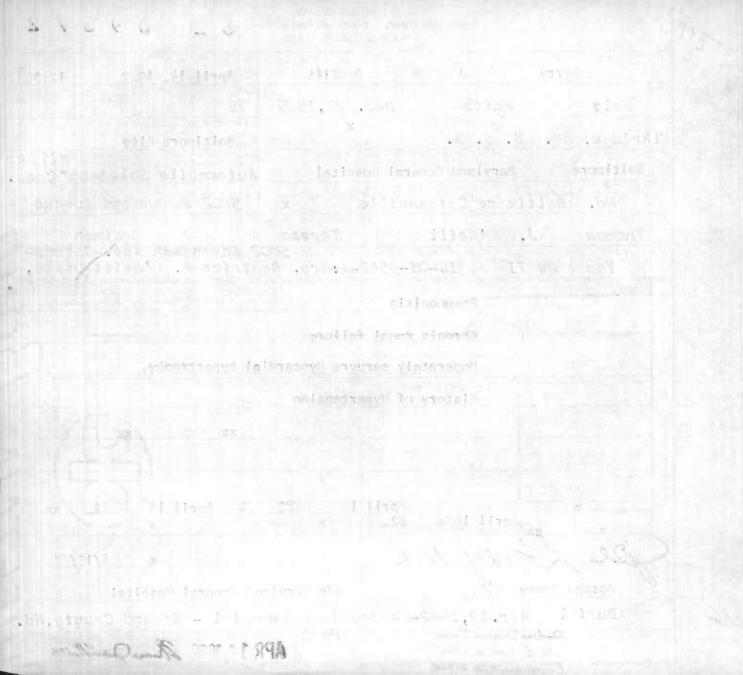
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN TS (TYPE OR PRINT) OF ESTI-4 RACE IF UNDER 24 HRS 5. DATE OF BIRTH DATE LAST BIRTHDAY) YEAR PRONOUNCED Dec. 5.1932 male white 49 YRS DEAD 4-15-829 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) Maryland USA DIVORCED WIDOWED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Attorney Baltimore Rear of 1800blk Maryland Avenue Law USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 30 STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore NO [8 Beechdale Rd. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Robert H. Oster Murial H. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 7. INFORMAN ADDRESS LIFYES GIVE WAR OR DATEST Yes Korean 027-24-1427 M. Nelson Bond 500 Hickory Lane 21204 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stabwound of chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES, XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR HOUR A.M. MONTH subject found stabbed CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 1800 blk. Maryland Avenue Baltimore rear of EXECUTE TO FUNE A SHOULD BE PAGE 4 SHOULD BE TO FUNEEAL DIRECTOR PAPER DEATH, WITH THE STALLIMORE, MARYLAND, 220. I certify that I taak charge of the remains described above, held an Inspection Autapsy Inquiry and in my apinian Hamicide XX death resulted fram: Undetermined manner TITLE ISPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Greenmount Baltimore 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 6500 York Rd. **DHMH-17** Mitchell-Wiedefeld Home, Inc. Balto., Md.2121 (VR A15 ME (5)) 15M 2/80

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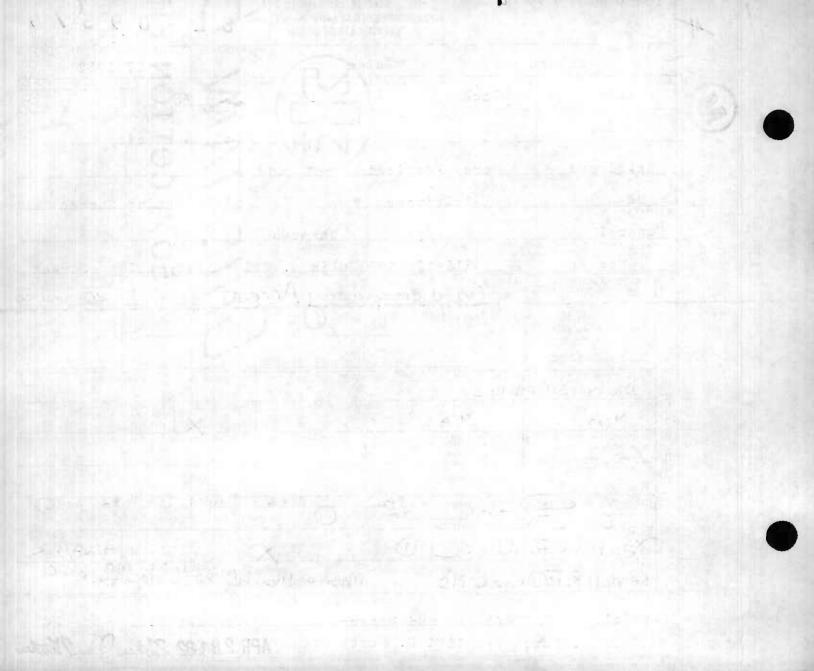
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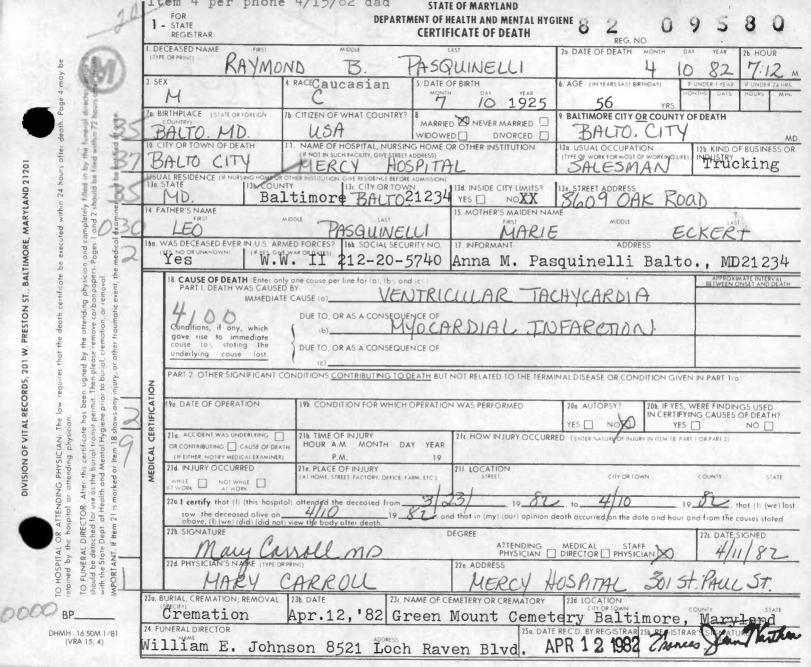
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 28 82 Page ne7 4 RACE 5 DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS HOURS. emake. Black 91 TO BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Baltimore WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MACILITY RESTREE APPRESSAVE. Balto. HUTZler BALTIMORE, MARYLAND 21201 INSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 13b. COUNTY 13d. INSIDE CITY LIMITS? BallyPotown 13e STREET ADDRESS 600 M+. Roya Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Henry MIDDLE Gill ard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (0 à DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [] s the burial-transit and Mental Hygie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ā (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE morked WHILE AT WORK 220.1 certify that (1) (this haspital) arrended the deceased fram saw the deceased alive on and that (n (my) (our) apinian death accurred an the date and have and from the causes stated obove Wwelldide Idid not view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF * Stote [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TY 22e ADDRESS should b 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE COUNTY Buri DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

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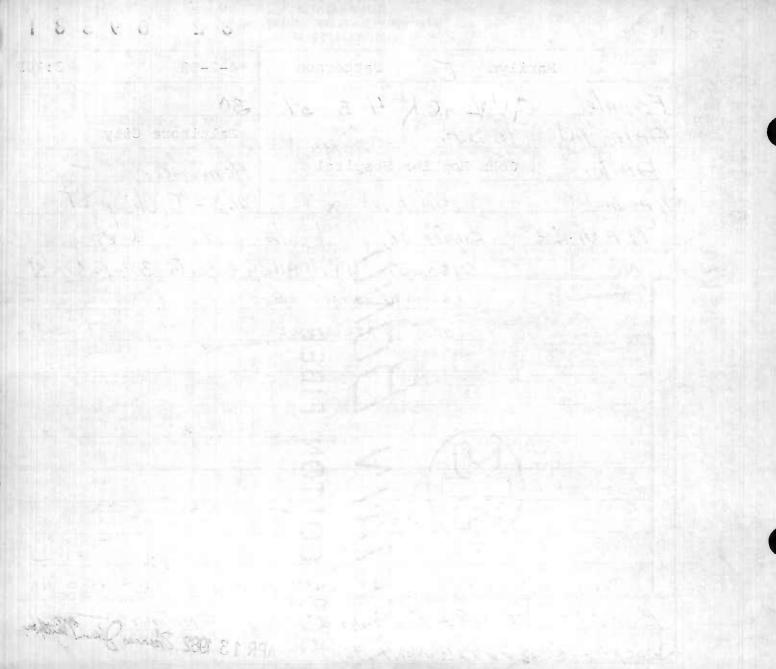




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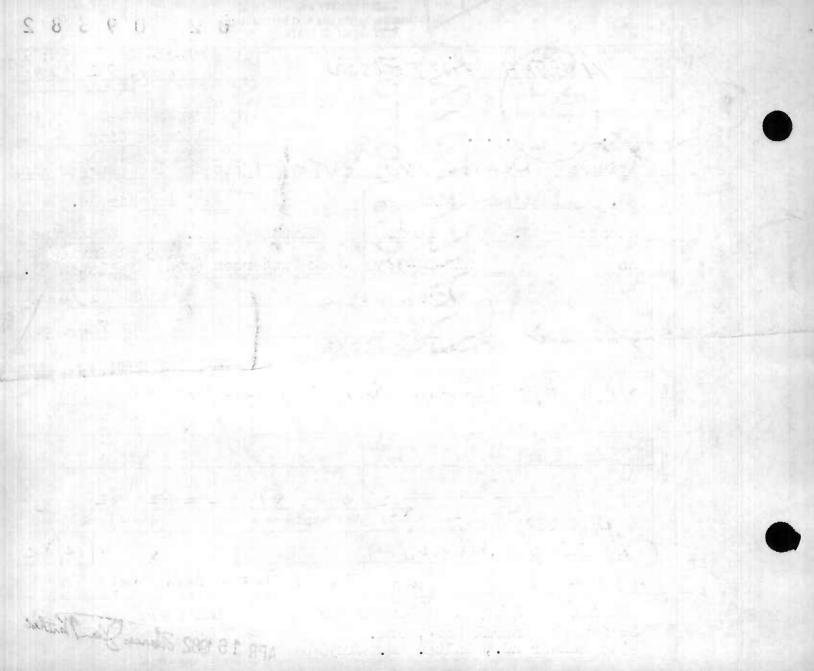
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3	1.	FOR STATE REGISTRAR	9 5	3	1						
2		CEASED NAME FIRS	Marilyn	E,	Patte:	rson	REG. N 20 DATE OF DEATH 4-2-82	MONTH DAY	YEAR	26 HOUR 3:2	M
IJ	F	emple	T3. L	ACK!	THE 3°	-5 YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS .	MIN.
5	6	SOUNTRY TO ME ON FOREIGN	76 CHIZEN OF W	4	MARRIED NE		Baltimore city of Baltimo				MD.
3	10 C	BAITO.	John	OSPITAL, NURSING HOPKINS	HOME OR OTHER	NSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE)	12b. KIND O INDUSTRY		
5	11	AL RESIDENCE (IF NURSING HO STATE 13b C		136 CITYOR TOWN	13d. INSI		130 STREET ADDRESS	E. 0/10	er S	+	
C	-	MAURIC	e MIDDLE	surlow S	R: B. MOI	PIST U/A	AIDOLE	6	PAL	-	
		VAS DECEASED EVER IN U.S YES, NO ORUNKNOWN) (IF YE	S. ARMED FORCES?	215-603	17 NO. 17 INFO	MAUR	ice Burlo	n 3010	Fede	rols	*
	TION	Conditions, if ony, whice gove rise to immediate cause to), stating the underlying cause lass	AUSED BY: DIATE CAUSE (o) DUE TO, OR (b) e DUE TO, OR (c) NT CONDITIONS CON	AS A CONSEQUEN AS A CONSEQUEN NTRIBUTING TO DE	CE OF ATH BUT NOT REL	NOMA	inal disease or con	de la	IN PART 1(o	أيتاو	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDIII	ION FOR WHICH O	PERATION WAS PE	REORMED	20a AUTOPSY? YES □ NO NO	20b. IF YES, WIN CERTIFYIN YES [G CAUSES	GS USED OF DEATH?	}
2	MEDICAL CER	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has to bove, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	OF DEATH HOUR A.M P.M 21e PLACE OI (AT HOME STREE Disspital) attended the e on 4 2 id not) view the body of	DAY FINJURY FIT. FACTORY, OFFICE, FARI deceased from 19	19 211 LOC	ATION , 19 \$2 (my) (our) opinion of PHYSICIAN	city OR 10 to 4/2 death accurred on the di	wn , 19.	COUNTY	Duses state) lost
	22. 0	DAVID	KLASSEN	100.000		14N2 140PK		BALT	MORI	3 MJ)
	1	JURIAL CREMATION, REMO	236. DATE 4-8-	82 BA	Th Ave	OR CREMITIONY e Com. 250 DATE AF	23d. LOCATION CITY SWAP REC'D. BY REGISTRAR PR 13 1982	The GISTA	OUNTY	Wat.	4



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MARTHA PATTERSON 20 DATE OF DEATH 1021H 82AY TYPE OR PRINTS 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White Sept 12 1912 69 LO. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. Baltimore City WIDOWEDIO DIVORCED [10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Baltimore Hostess Burger King 13e STREET ADDRESS Baltimore Baltimore Md. Bon Air Rd. 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Meekins Alonzo F. Claudia Lewis An WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDESO3 17 INFORMANT Plainvue Way (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-20-3850 Jack Patterson (son no Fallston Md 18 CAUSE OF DEATH (Enter only one couse per line for on, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ma gave rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last CONTRIBUTING TO DEATH BY MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 7 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOI NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 71d INJURY OCCURRED 21e. PLACE OF INJURY III LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive so and that in (my (aur) pointon death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN HYSICIAN'S NAME (TYPE OR 22e ADDRESS id b 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial Loudon Park APR 16 1982 Baltimore 24 FUNER Schrimmunek Funeral Home, Inc. DHMH - 16 50M 1/R1 (VRA 15, 4) 9705 Belair Rd., Balto. Md. 21236

STATE OF MARYLAND



Dundalk, MD. 21222

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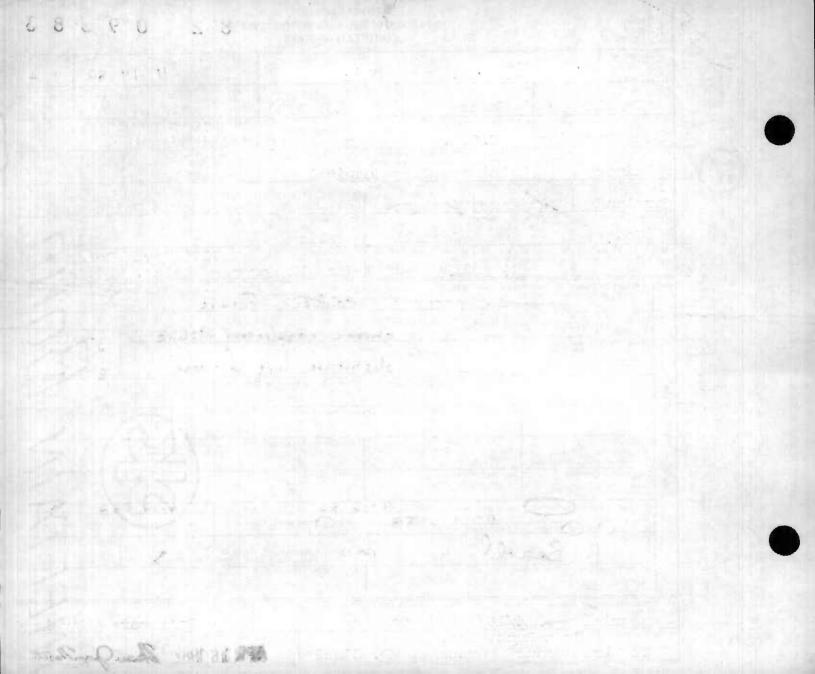
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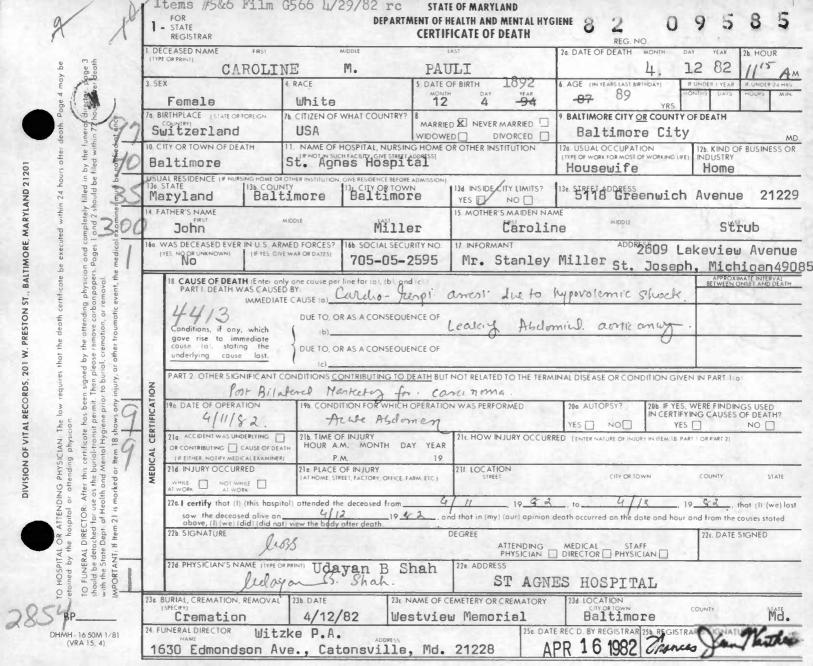
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND

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		GISTRAR		CERTIF	FICATE OF DEATH	REG. NO.				
	1. DECEA	SED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	AY YEAR 26 HOUR		
	(III ON)	ALTCE	L.		PAYNE	APRIL 6	, 1982	2 9:43 A		
	3. SEX		RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UNDER 74 HRS		
	F	EMALE	BLACK	MONTH	DAY YEAR 17	65	NIHS DATS HOURS MIN.			
	7a. BIRTH		b. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	9 BALTIMORE CITY OR COUNTY OF E			
3		Va.	U.S.A.	WIDOW		BALTEMOR	LE CIT	TV MD		
	10 CITY C	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPAT	ON		F BUSINESS OR	
2	BALTI	EMORE	(IF NOT IN SUCH FACILITY, GIVE STREET		VLAND HOSPIT	TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRY		
	USUAL RI	ESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		1		7		
1		MD.	BALTEM		13d. INSIDE CITY LIMITS?	915 LON	ABARD	STO	EE T.	
		R'S NAME	. I DACK LIVE	UEC	15 MOTHER'S MAIDEN NA		TORICD	3(6	ce (
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lant.	14 144.5	James	Jackso		Nann	(0.		HOL	man	
d		DECEASED EVER IN U.S. ARM 10 OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)		17 INFORMANT	ADDRE		3542		
ī		No	212-56-4	1447	Erma Huc	MS 905	Elliot	+ 0) rive	
	18		one couse per line for (a), (b), or	nd ICI				BETWEEN	MATE INTERVAL	
		PART I. DEATH WAS CAUSED	C NOTTO AC NOTICE!							
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	go co un	ove rise to immediate use (a), stating the iderlying cause last.	1 Myocard	ENCE OF		AINAL DISEASE OR CON	DITION GIVEN	IN PART 1:0		
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	go co un	over rise to immediate use tool, stating the derlying couse last. RT 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM			ERE FINDING CAUSES	IGS USED	
	PAI 190.	DATE OF OPERATION ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE ON DITTIONS CONTRIBUTING TO	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED OF DEATH?	
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DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

OF MD.

TO HOSPIJAL OR ATTENDING PHYSICIAN: The

etained by the hospital or

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the burial-tronsit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shows

UNEPAL DIRECTOR 1101 E. North Ave.

BIELOR

CREMATION, REMOVAL

CEMETERY OR CREMATORY STATE APR 7 1982 June James Signarde Total

MEDICAL STAFF

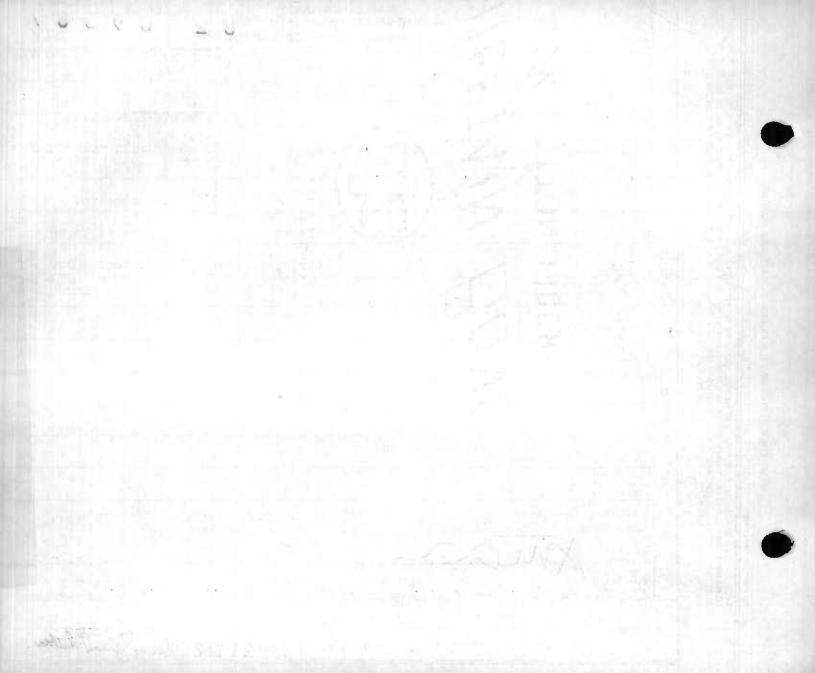
22c. DATE SIGNED

4/6/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XT 26. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED JAMES PAYNE A. 1082 4 RACE 21 HOUR 2:30 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 182 57 YRS DEAD 16 24 Male Black a M 2, AND 3 TO THE FUNERAL D 3. RETAIN PAGE 5 FOR YOU SHOULD BE FILED, WITHIN 7 To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. MD WIDOWED [DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 128 W. Baltimore North RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS W. North Ave. 13n. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore MD YES X NO [18. GIVE PAGES 1, 2, A WITH FORM PM 3. B ANT, PAGES 1 AND 2 SHE, DIVISION OF VITAL R. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Payne John Latimore Laura 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 1128 W. North Ave. Yes Doris Robinson 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (6) CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAU DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALL(IMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Inquiry and in my opinion death resulted from: Natural causes Hamicide Undetermined manner SHOULD TITLE (SPECIFY) ACTUAL DATE 4-17-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAM ADDRESS 111 Penn St., Balto., Md. 21201 M.D. Ann M. Dixon. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 4/22/82 Buria1 St. Lukes Cem. Baltimore MD Co 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH-17 Wm. C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5)) 15M 2/80



	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MAKTLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	9 5	8 8	
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Pages 1	160 \	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 212-05-82		Anne M. Payr	ADDRES:		100		
by the attending physiciar e remove carbon papers. P , cremation, or removal. or other traumatic event,		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, O	1	NCE OF	a of Vagen	<u>a</u>		BETWEEN O	MATE INTERVAL PASET AND DEATH	
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4 × ×		BURIAL, CREMATION, REMOVA SPECIFY) Burial		5,1982		emetery or crematory n Mount	Baltimore				
MH-16 25M A 15, 4) 1/79		uneral director NAME Ltchell-Wiedefe	eld Home	ADDRESS 6.	500 Y	ork Rd.	AV REGISTRAR 25	h. REGETS	ABSOLIC NATI	BC agence	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS WILLIAM PAYTON 04-28-82 3 SEX 4 RACE S DATE OF BIRTH IF UNDER I YEAR May 10.1914 White Male To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY Maryland USA IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17k KIND OF BUSINESS OR IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS! Oriver-Saleman, Baltimore JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING Route #40. 13d. INSIDE CITY LIMITS? Allegany Maryland Frostburg West 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Payton S. Mary King 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 214905-85300live Mae Payton, Frostburg, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: HR) VENTRICULAR FAILURE HOURS OPEN HEART SURGERY MIR CAB ANEURYSMECTOMY gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. HEART DISEASE 2 MONTH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 2882 IN CERTIFYING CAUSES OF DEATH? ISCHAEMIC HEART ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM IS PART 1 OF PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that HT (this hospital) attended the deceased from sow the deceased alive on that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING 28/82 MEDICAL MABS FRACS MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NIXON JOHNS HOPKINS HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Sunset Memorial Pk Cumberland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 William G. Kight, Cumberland, Md. (VRA 15, 4)

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REGISTRAR

Cremation

Mitchell- Wiedefeld

24 FUNERAL DIRECTOR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 82 1075 April Pearthree 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore. City 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dir. of Flag House 13e STREET ADDRESS 1318 Bolton St. MIDDLE Keen ADDRESS Walter W. Pearthree 1318 Bolton St. 21217 APPROXIMATE INTERVAL

COUNTY

STATE OF THE STATE

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250. DATE REC'D. BY REGISTRAR 256 DESTRA

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CINCS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Greenmount Cemetery

ADDRESS.

6500 York Rd.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) FLLIOTT ESTI-DEATH MATED CLEO PENCE 10 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 8:28 2/17/1920 62 DEAD 8 Male White 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Ohio DIVORCED X U.S.A. WIDOWED [Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Pipe Fitter Maritime Lombard St Baltimore F ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY 13e STREET ADDRESS Baltimore YESK 4331 E. Lombard St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wolford Pence Cline Ruth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17. INFORMANT Alice Henry Claar TYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Yes 214.16.8004 1116 Blithe Rd. Springfield, Ohio 45503 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Hepatic failure IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION WARDED TO THE CHIEF N PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20. AUTOPSY? YES [] NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YFAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH WITH THE STATEMORE, MARYLAND, 2 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Homicide . death resulted fram: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 4-6-82 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAM Ann M. Dixon. 111 Penn St., Balto., Md. TYPE OR PRINT 23d LOCATION CITY OR TOWN Baltimore 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation 4/16/1982 Green Mount Crematory Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley Inc., Balto. Md. 21222 (VR A15 ME (5)) 15M 2/80

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15	URIAL, CREMATION, I	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	/N	COUNTY	STATE
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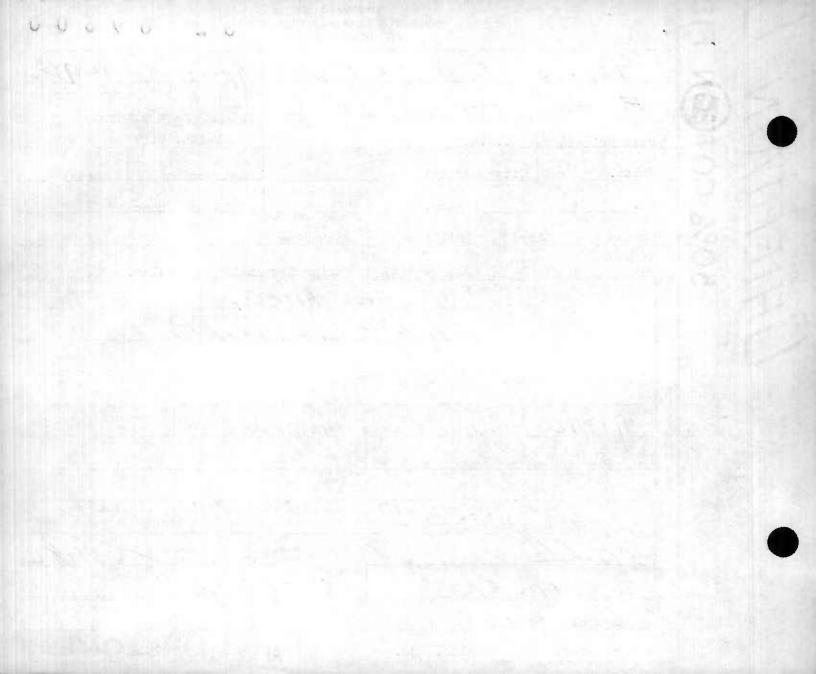
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iMORE,		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL 2/2	LO 7915ALOTTIE		
4 ST., BALTI certificate b ing physicia rban papers r removal. ic event, the	Г	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	D BY:	3,5 Dec 6,7	us V/cer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ce the attending remove carb emotion, or r er traumatic		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS (b) C C DUE TO, OR AS A CONS	inthro Vascular	Accident	
requires that requires that is signed by Then please or to burial, or injury, or other	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	GTO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
A RECORI he law rec on. has been t permit. T ene prior t	CERTIFICATION	19a. DATE OF OPERATION 4/22/8-2	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
PSICIAN: T ding physici ding physici s certificate burial-transi Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICHED A AA AACAITL	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
DING PHYS or attendin After this e as the bu olth and Mu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDI piral or TOR: A far use of Heol			11-13/2	19 X2, and that in (my) (our) opinion	death occurred on the date and ha	our and from the causes stated
E Day D		226. SIGNATURE K	olulio	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	W. DATE SIGNED
O HOSPITAL TO FUNERAL should be deto with the State I		ALEXAN	DER KOS	SENKO 3001 S.	HANOVER ST	· ND 21230
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5-4-82	Mt. Olivet Cemetery	23d LOCATION CITY OR TOWN Balto.	Md.
DHMH - 16 25M (VR A 15 (4)) 9/74	24	6. Truman Schwa	ab 3512 Frede	srick Ave.,21229	TE REC'D. BY REGISTRAR III PEGIS Y 1 0 1982	A Section .

Estate Insol-19650 in the second se -0. From the fig. 2 Frederick Ave., 21229 Phythesis S. T. Bernard

	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 5 0 10								
y be ge 3 eath		CEASED NAME FIRST	MIDDLE	Ph	allips	20 DATE OF DEATH	19 16 182 746				
mo)	3. SE		4 RACE	5. DATE		6 AGE (IN YEARS LAST BE	IRTHDAY) IF UNDER TYEAR IF UNDER THE				
oge -		H Male	White	5	22 02	59	YRS				
g <u>o</u>		COUNTRY) Wales,	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRII	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH				
deat		Freat Britain	U.S.A.	WIDOW	ED DIVORCED		. City				
the f	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) 126 KIND OF BUSINESS OF				
2 2	L	Balto.	City Hospital			Constructi	on Steel				
the design of th	134	AL RESIDENCE (IF NURS) AL ME OF	OTHER INSTITUTION GIVE RESIDENCE BET		134. INSIDE CITY LIMITS?	The STREET ADDRESS					
2 1 2	L	Md.	A Balto.		YES NO NO	7515 Bay	Front Road				
og vithin	II4. F	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME	LAST				
t 0			loyd Philli		Katherine	A	Thomas				
Poges medico			RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS				
0 00		No	213-09	-3457	Marion Szy	manski	Balto, Md.				
onpopers.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	and ich	1000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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deoth otton, traumo		Canditions, if any, which gove rise to immediate	(16) 80551H	2/6	Pulna 11 nal	y kmpila					
the em		cause to stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF							
- pap 5			(c)								
equires squires Then pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BU	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIVEN IN PART 110				
been trimit The prior it	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	AN WAS BEREORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED				
bos	FFC	4/10/11					IN CERTIFYING CAUSES OF DEATH?				
	ERTI	210. ACCIDENT WAS UNDERLYING		IOINI	PISEASE OH	YES NO	YES NO NO URY IN ITEM 18 PART 1 OR PART 2)				
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JING PI After the so s the lith and		AT WORK AT WORK		V/	92	4/14	6 -				
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ATTI aspi ECT ed fo		above, O we) (did) (did no	ot) view the body after death.		DE GREE	dediti occorred dir me d					
OR A DIRECTOR OCHE OCHE OCHE OCHE OCHE OCHE OCHE OCHE		12/1		-	MIN ATTENDING	MEDICAL STA	AFF 771. DATE SIGNED				
HOSPITAL ined by the FUNERAL vid be deto othe Store		WE PHYSICIAN'S NAME CHIES	and the same of th	0.	PHYSICIAN	DIRECTOR PHYSI	CIAN 2 7/19/0 2				
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TO HOSPITAL reformed by 1 TO FUNERAL should be def	-		YC ER		1 (1)	(405 pota					
100	23e	BURIAL, CREMATION, REMOVAL		C. NAME OF	CEMETERY OR CREMATORY	234 10 EATION	county stati				
BP	24.5	Removal UNERAL DIRECTOR	4/22/82		Tac.	75 D5 C(D, D) D5 D5 C(D)	100 BUC 6780 FF FF FF				
DHMH - 16 50M 1/81 (VRA 1S, 4)		Anatomy Board	Balto.,	Ma .	250 DA	DD O 14 704	194 REGISTRARS SIGNATURE				
		Anacomy Board	Balto.,	MG.	I A	PK Z (1982	Many Marie				



	STATE OF MARYLAND			
-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	0
			-	_

1	FOR - STATE REGISTRAR		MENT OF I	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0	9 6	0 1
	DECEASED NAME FIRST YPE OR PRINT) Walter	William		LAST		ONIH DA	Y YEAR	2b HOUR
-				ctor	April 1, 19			/
3. 3	Male Male	White		of Birth nuary 29,1923	6. AGE (IN YEARS LAST BIRTHI		UNDER I YEAR	HOURS MIN.
Jan S	BIRTHPLACE (STATE OR FOREIGN 71) Maryland	b CITIZEN OF WHAT COUNTRY? $U.S.A.$	8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Baltimore		FDEATH	M
1	Baltimore	1. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STREET 5424 Pembroke	ADDRESS) Ave		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired Shi	N WORKING LIFE) P Fit:	126. KIND O INDUSTRB Ler Sh	of Business of Beth ip Yard
13c	UAL RESIDENCE (IF NURSING HOME OR O LISTATE 13b COUNT MARYLAND		N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5424 Pembr	oke A	ve	
14	FATHER'S NAME William	Pictor LAST		Jennie	WE	1	Kruk (AS	т
160	WAS DECEASED EVER IN U.S. ARM	MAR OR DATES) 166 SOCIAL SECU 217-14-		Mrs Frances	Pictor	s Sar	ne .	
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate	BY: MUNIA	1 Du		-CTLON T DISE	ASE	APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH
	cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE						
NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 110	3*
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED			VERE FINDIN NG CAUSES	
	OR CONTRIBUTION CONTRACTOR OF REAL	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	IN ITEM 18, PART	I OR PART 7)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC 1	21f. LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE
	220.1 certify that (1) (this haspita saw the deceased alive an	1) ottended the deceased from	2,0	nd that in (my) (our) opinion (death occurred on the date	ond hour o	14	that (1) we) I

226 SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 333 St Paul Place

Baltimore, Maryland

Aiden Walsh M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Gardens Of Faith

DEGREE

23d LOCATION
CITY OR TOWN
Baltimore, Maryland

Entombment
24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maruland

4/5/82

APR

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

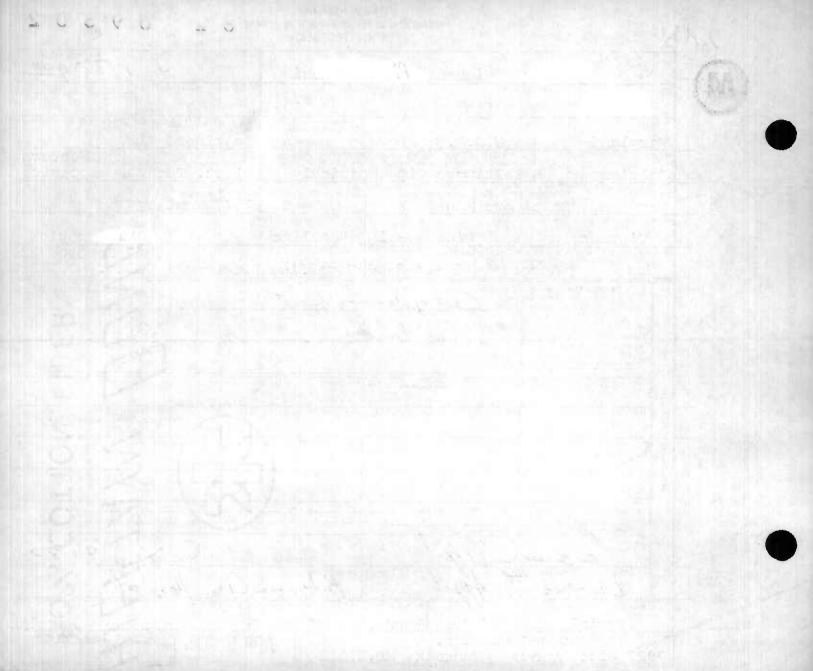
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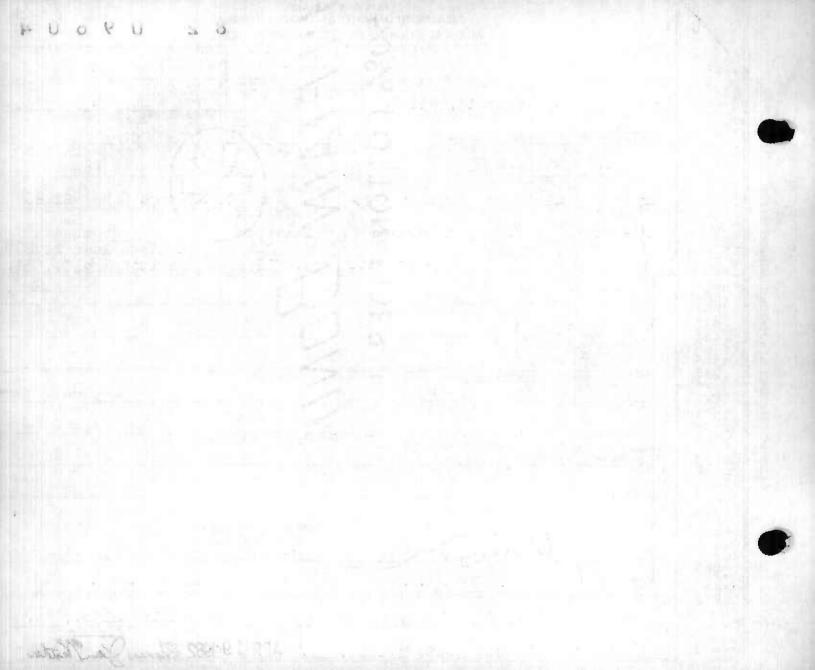
7922 Wise Avenue

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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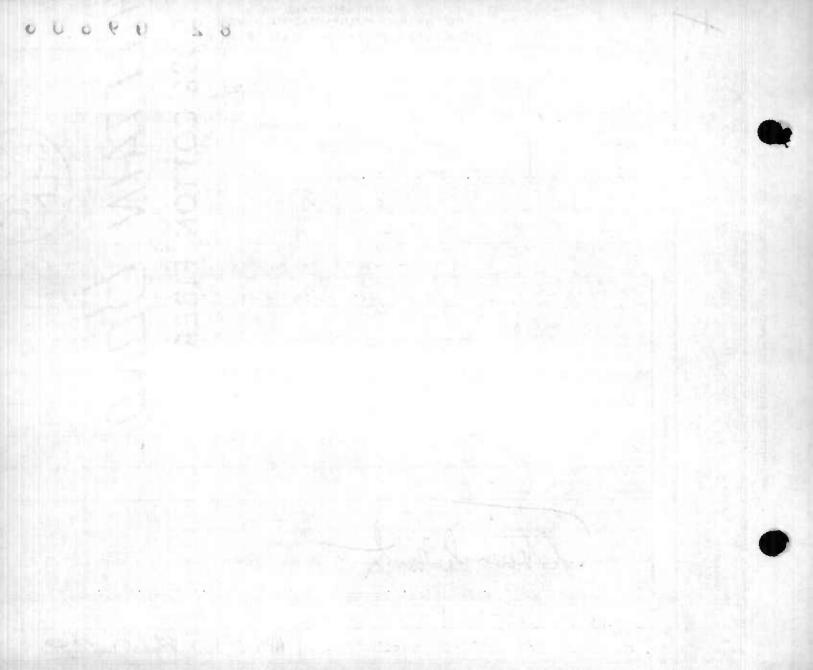
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST Frank 1. DECEASED NAME Pietro LAST Pipitone 2a. DATE KNOWN (TYPE OR PRINT) ESTI-1,82 **FRANCESCO** PIPITONE DEATH MATED X 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED White Sept 14.191 7 OYRS Male 19 82 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) maryland TISA WIDOWED DIVORCED Baltimore City PAGE 5 E FILED, 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F Attorney Baltimore field - 3700 Kopper St Law USUAL RESIDENCE (IF IN NUM Baltimore 13a. STATE 13d. INSIDE CITY LIMITS? 801 Win Winters Lane 21228 Maryland Catonsville NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME N Pietro DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, Pipitone Elizabeth Trombetta DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO 17. INFORMANT 222 Garden ARTEge Road 21228 LIF YES, GIVE WAR OR DATES! 215-05-3666 Elizabeth Pipitone Balt., Yes WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, Undetermined OR REMOVAL IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 EXECUTE THE CERTIFICATE, WRITING THE WOOLD EN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH, PAGE TO PRIOR TO BURIAL, CREM CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian. Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4-12-82 SIGNATURE Ann M. EXAMINER'S NAM Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation 82 Catonsville Balto., Security Process 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) MacNabb Funeral Home Catonsville. Md 15M 2/80



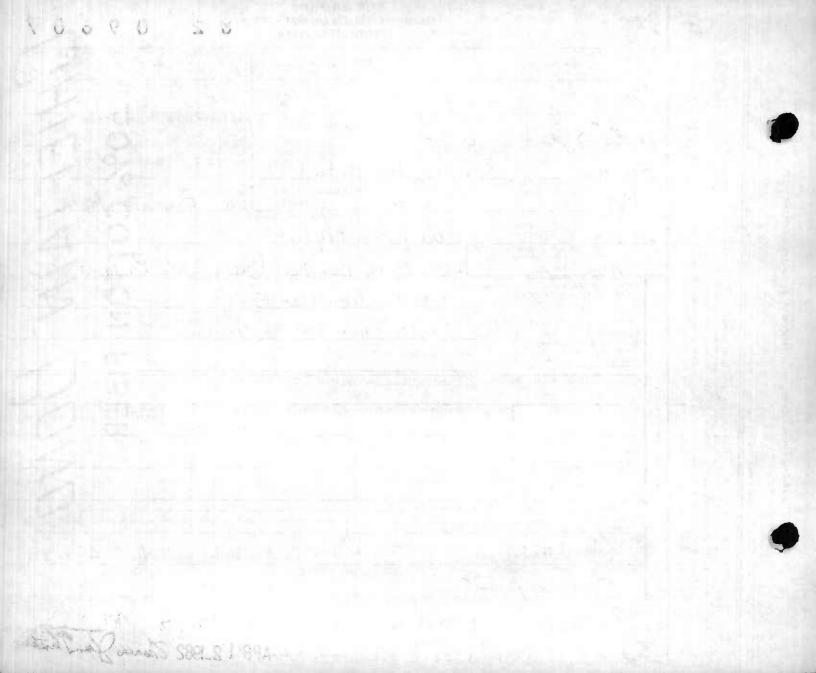
		REGISTRAR			CERTII	FICATE OF DEATH	, REG. N	10.		
, O		CEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
deosth deosth	111		EVELYN		PLAINE			4 14	28 1	12:30 P
ffer	3 SE		4. RACE	RIC.	5. DATE (6. AGE TIN YEARS LAST BE		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
20 20		FEMALE	WHIT			5. 6, DAY 1920 EAR	62	YRS.		
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thing the		TY OR TOWN OF DEA			WIDOW		BALTO.		Tisk KINID C	F BUSINESS OF
14		BALTIMORE	(IF NOT II	SUCH FACILITY, GIVE STRE	ET ADDRESS) IAL HO		(TYPE OF NONE MOST	OF WORKING LIFE)	NONE	
MAS		AL RESIDENCE (IF NURSI TATE XY LAND	BALTIMORE	PIKESVI		13d. INSIDE CITY LIMITS?	3205 LABY	RINTH R	D. (21	208)
300	14. FA	THER'S NAME FIRMARRY	MIDGLE N.	PLATNE	500	IS MOTHER'S MAIDEN NAM	ME MISSIE		BLOOM	1
medicol		VAS DECEASED EVER	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			HARRY N. PL	ADDR AINE 3205 I		TH RD.	(21208)
the r		18 CAUSE OF DEATH	(Enter only one couse	per line for (a), (b), c	and (c).)				APPROX	MATE INTERVAL ONSET AND DEATH
vent,	-		(Enter only one couse AS CAUSED BY: IMMEDIATE CAUSE (o		00.00.00	a. metastatic	to liver		OCT VIETN	ONSET AND DEATH
fic e		1991				T. Parisan, Mark				
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ows ony i	CERTIFICATION	19a. DATE OF OPERAT	19b. CC	NDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
Hygi 18 sh	CER	210. ACCIDENT WAS UND	1.00.00	AE OF INJURY	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INSL	JRY IN ITEM 18, PAR	T I OR PART 2)	
Mentol or Hem	CAL	OR CONTRIBUTING C	ADSE OF DEATH	P.M.	19					
_ 0	MEDICAL	21d INJURY OCCURR	LATHON	CE OF INJURY	EADM STC \	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
morked	5	AT WORK AT WOR	ILE C	e, o.net, sacrows, Office	s, , man, ere j				LUX.	
E S			(this hospital) attende		~ 17	12 19.82	, to	14 , 19		that (I) (we) las
		saw the decease above, (1) (we) (d	d olive onid) (did not) view the b	ody after death.	0=,0	nd that in (my) (our) opinion o	death occurred on the d	lote and hour o	ond from the	couses stated
21		The state of the s				DEGREE		1	22c DATE	
Hem.		22b. SIGNATURE	11/1/		- 0	. ATTENDING				/ /
Dept.		1276. SIGNATURE	H. Kah	w	14	PHYSICIAN [MEDICAL STA	CIAN	4/	14/82
Dept.		226. SIGNATURE ABuar 226. PHYSICIAN'S NA	ME (TYPE OR PRINT)		/4	22e. ADDRESS	DIRECTOR PHYSI	CIANUT	1 4/	14/82
Dept.		Buan 22d. PHYSICIAN'S NA			/4	22e. ADDRESS	DIRECTOR PHYSI	CIANAT	1 4/	14/82
WPORTANT: If Item		224. PHYSICIAN'S NA RRTAN H. BURIAL, CREMATION, 1	KAHN M.D. REMOVAL 23b. DATE			22e. ADDRESS UNION ME EMETERY OF CREMATORY	DIRECTOR PHYSI	PITAL	1 4/	,
with the State Dept.		BRIAN H	KAHN M.D. REMOVAL 23b. DATE			22e. ADDRESS UNION ME	DIRECTOR PHYSI	PITAL	COUNTY BACTO.	STATE MD
with the State Dept. IMPORTANT: If Hem	24 FI	224. PHYSICIAN'S NA RRTAN H. BURIAL, CREMATION, 1	KAHN M.D. REMOVAL 23b. DATE 4-1	I 6-82 B	ETH TF	22e. ADDRESS UNION ME EMETERY OR CREMATORY LOH CEM 250. DAT	DIRECTOR PHYSI	PITAL.	COUNTY ACTO R'S SIGNA	,

A TAK SECT HOMESEL 177 THE SHEET STATE OF A STATE

1	1-	FOR STATE REGISTRAR	ME		MENT OF	HEALTI	MARYLAND H AND MEI CERTIFIC	NTAL HYG	EATH 2		0	9 1	5 0	6
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PLEASE FTOR. FILES. FOURS	3. SE:	X I4. RACE	5. DATE OF BIRTH		6 AGE (IN YE	P	layer			MATE		+ /	DAY YEA	32 _M
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\$ 9000	E	emale Black			Y	RS.			DEA				19 8	P4 a M
SS T ST	7 a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W		VTRY?	8. MARR	IED NEVE	ER MARRIED	⊠ 9. BALTII	MORE CI	TY OR CO	OYTHUC	OF DEATH	
Necess FUNESS 5 FOR 5 FOR W. PRES		S.C.		ISA			VED 🗆	DIVORCED	Balt	imore	e Cit	ry		MD.
ST., BALTIMORE, MD. 21201 COURS AFTER DEATH. IF ANY DELAY IS NEF 11B. GIVE PAGES 1, 2, AND 31 OT HE FUN G. WITH FORM PM. 3. RETAIN PAGE 5 F MIT. PAGES 1 AND 2 SHOULD BE FILED, W 4E, DIVISION OF WUAL RECORDS, 201 W. IS	10 C	ITY OR TOWN OF DEATH	11. NAME OF HO			E, OR OTH	HER INSTITUTE	ON 120	FOR MOST OF WO	UPATION	(TYPE OF W	VORK 12b	OR INDU:	
AP SE SE		Baltimore	1029 N.		line S	t.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
A S D S S D S D S D S D S D S D S D S D	USU,	AL RESIDENCE (IF IN NURSING HOME) TATE 136, COU	E OR OTHER INSTITUTION, C	IVE RESIDENCE	OR TOWN	ION)	134. INSIDE CITY	commer lis.	STREET ADDR	DECC.				
21201 AND RETA POUL	100.0	MD		Bal	timor	e	YESX YES	NO [1029	N.	Car	olir	ne St	75
AL AL	14. F.	ATHER'S NAME					15 MOTHER	'S MAIDEN N	AMF					
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A A A A A A A A A A A A A A A A A A A	16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES?		CIAL SECURIT	Y NO.	17. INFORMA			ADD	RESS		Doge	111
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TON ST., 24 HOUR ITEM 1B. ILONG W PERMIT. GIENE, D		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED BY			-1			4.1				BETWEEN ON	SET AND DEATH
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ARN ARE TO T	100	couse (a) stating the <u>unde</u> lying cause last.	DUE TO, OF	R AS A CON	NSEQUENCE	OF								
EXECUTED ING. IN PRICAL EXAMPLE AND MEL AND MEL WATION, C			(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. SCERFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. ES SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2. SI ES SHOULD FEUSTH AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2. SI ES SHOULD FEUSTH AND MENTAL HYGIENE, DIVISION OF WIDAL OF PROFET TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNEB SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT BEL.	ATED TO THE TERA	AINAL DISEAS	E DR CONDITION G	GIVEN IN PART 1	0			9		
L C L C L	MEDICAL CERTIFICATION	19a DATE OF OPERATION	196. COND	TION FOR	WHICH OPER	RATION	AS PERFORM	ED?	0.00			1	D AUTOPS	Y?
E SHOULD WORD "PE CHIEF M E CHIEF M E CYED FOR EUSED FOR EUSED, EUSED, EURIAL, C	(¥											-0	YES 🗆	NOIR
CERTIFICATE SHOULD TINE THE WISD THE CHIEF SHOULD BE USED TO THE CHIEF SHOULD BE USED PREPARED OF HE PROPERTO BURILLY.	1 🖁	21a. EXTERNAL CAUSE WAS	216. TIME C			21c H	OW INJURY O	CCURRED (E	NTER NATURE OF I	NJURY IN ITE	M 18 PART 1	OR PART 2)	120	
SION OF RIFFICATI NG THE VI SHOULD PARTMED RIOR TO	Ĭ	UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH	DAY YEAR	R								
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SE S	X	WHILE NOT WHILE	STREET, FAC	TORY, FARM, E	TC.)		STREET		CITY OR TO	NWC		COUNTY		STATE
HAWATE STATE		AT WORK AT WORK							5					
# 25.8 H S		22a I certify that I took cha		scribed abo	ave, held on	Autop	osy L.	Inspection 2	Inquiry	, LJ.	and in i	my apinio	in.	
■ 新華田 2 王 5		death resulted fram: Nat	ural gauses K.	Apoldent	, s	cide	, Hamicid	le 🔲 · U	ndetermined n	nanner	<u></u> .			
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DEA SET	-		V-0V. 0 .	10.	000	1								
MS SEE	1	(TYPE OR PRINT)	nomas D. S	mith,	M.D.		ADDRESS_1	III Per	n St.,	Bal	to.,	Md.	2120)1
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNEXAL DIRECTOR; PAFTER DEATH WITH THE ST BALTIMORE, MARPLAND, T	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF CE	METERY C	RCREMATOR	2 23	d. LOCATION			COLUMN		
2000 RD	1	Burial	4/12/82	2 E	Baltim	ore	Cem.	100	Balti	more	9	COUNTY	1	ND.
0308	24 F	UNERAL DIRECTOR			3		25	O. DATE REC'I	D. BY REGISTR		REGISTRA	AR'S SIGN	ATURE	
DHMH-17 (VR A15 ME (5))	Wn	". C. March I	F/H 110	E.	North	n Av	e.	APR 8	3 1982	the	ance (Jan	Martin	
15M 2/80										1	6	4	THE PARTY OF	



		4	STATE OF MARYLAND
	1	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 6 0 7
			REGISTRAR CERTIFICATE OF DEATH
	-		ECEASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH MONTH DAY YEAR 26 HOUR
	be est		ISARC PORG 48875:45PM
	OE SE	3. S	EX 4 RACE 5 DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HIS.
	ge 4		Malt Block MONTH DAY YEAR 70 MONTH'S DAYS HOURS MIN
	2 hours	70.1	BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
	ter death.	/C	hester S. Car USA WIDOWED DIVORCED BATTIMORE CITY MD.
	s ofter oy the filed with	10.0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 11 NOTE: INDUSTRY 120. USUAL OCCUPATION 11 NOTE: INDUSTRY
5	7 -	X	Balto Sinia Hospital
BALTIMORE, MARYLAND 2120	be be		UAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION STATE 136 COUNTY 136. CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS A
S	filled fould b	7	STATE 136 COUNTY 136. STY OR TOWN 13d INSIDE CHY LIMITS? 136. STREET ADDRESS NO 12107 Bryant ACC
37.5	within within	14. F	FATHER'S NAME I FIRST MIDDLE LAST MIDDLE LAST
MAR	somple somple	UL	-ours Pong Philis
m,	xecut nd co ges 3		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 1 IF YES, GIVE WAR OR DAIES)
WO	e 00 E		NO 213-07-0427 Bextha Load 2107 Bryant Arc.
ALT			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			PART I. DEATH WAS CAUSED BY INFRUSE CARCINOMATOSTS
Z			1539 DUE TO, OR AS A CONSEQUENCE OF
210	deoth ottendi ove co rtion, o		Conditions, if ony, which (b) CARCINOMA OF THE COLON
W. PRESTON ST.,	the deot the otter remove remotion,		gave rise to immediate
₹.	2 700 ±		couse (o), stating the underlying couse lost.
30	\$ 0 0 0 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ZDS,	The si	Z	
DIVISION OF VITAL RECORDS, 301		CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
2	The low ricion. te has been sit permit. giene prio	7 <u>E</u>	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
/ITA		# 8	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
40	SICIAN; TI ag physici certificate riol-transi entol Hygi hem 18 sh		A CONTRACTOR OF CONTRACTOR OF THE CONTRACTOR OF
N O	PHYSIC ending this cer ne burio nd Ment d or ther	MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION
VISI	ond M	×	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
0	ENDING Profession of the Profe		27a. I certify that (1) (this haspital) attended the deceased from
	TTEN pital TOR: for us of He		saw the deceased give an
	hosp RECI ed f ed f em 2		above, (I) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 22c. DATE SIGNED
	HOSPITAL OR ATTEN med by the haspital med by the haspital blackTOR. And be detoched for unit he State Dept. of He ONTANT: If hem 21 is		M.D. ATTENDING MEDICAL STAFF 4 4-8-82
	by by ERA ee de		274 PHYSICIAN'S NAME [TYPE OR PRINT] 276 PHYSICIAN'S NAME [TYPE OR PRINT]
	TO FUNERAL should be det with the State		EDUARDO ANHACT Sinai Hospital.
	TO HOSP retained I TO FUNE should be with the S	22	
150	4	230.	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 230. LOCATION CITY TOWN STATE
100		24	FUNERAL DIRECTOR /256 DATE REC'D. BY REGISTRANS B. REGISTR
DF	1MH-16 60M 1/73 (VR A 15 (4))	8	NAME IN A A 101-1 PODRESS Phy A TADOLO 7
	(-14 L 12 (41)		TO A VALUE OF LED X I ROW STATE AT THE STATE OF THE STATE

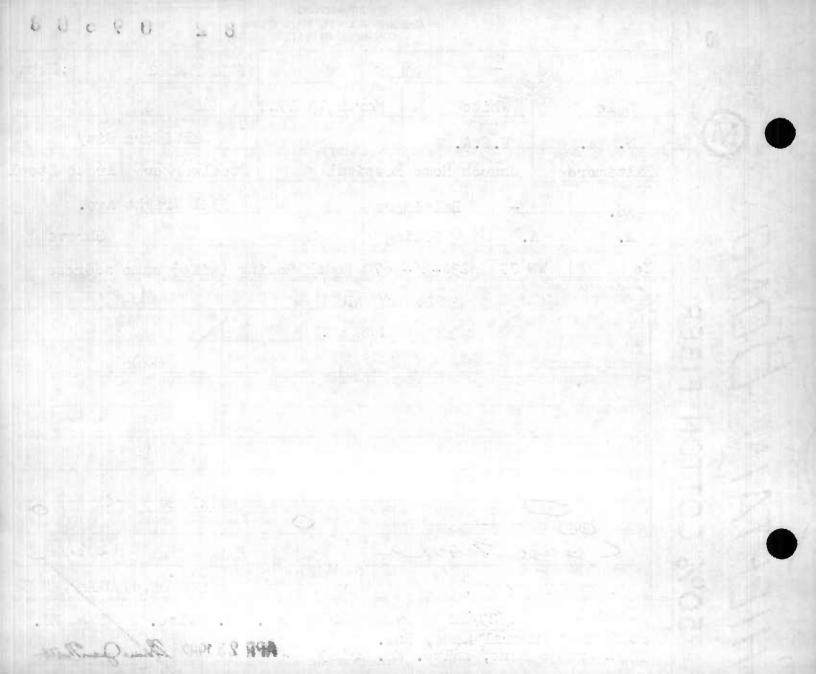


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

1-	FOR STATE REGISTRAR	DEPARTM	MENT OF H	EALTH AND MENTAL HYG	IENE 8 2	0	9 6	0 8
	CEASED NAME FIRST PAUL	MIDDLE PO	LING	AST	APRIL 20,	MONTH	DAY YEAR	26 HOUR 5;55 pm
3 SEX		4. RACE	5 DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White	Ma	rch 13 1922	60	YRS	MONTHS: DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		of DEATH	
	ny or fown of Death Baltimore	11. NAME OF HOSPITAL, NURSIN (JENOT IN SUCH FACILITY, GIVE STREET A Church Home	ADDRESS)		12a USUAL OCCUPA (TYPE OF WORK FOR MOST SteeLWO)	TION OF WORKING LI rker	IZE. KIND C INDUSTRY Armo	o Stee
13a S	TMA 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13t. CITY OR TOWI Baltim	N	13d INSIDE CITY LIMITS? YES TO [13e. STREET ADDRESS 5321 V	Vrigh	t Ave.	
14. FA	ATHER S NAME A FIRST	MIDDLE LAST Poli		15. MOTHER'S MAIDEN NA/	WE			eve
()	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV Yes W	WAR OR DATES		Esdah Poli	ng (wife		e addr	ess
	Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	by ane couse per line far (a), (b), and DBY E CAUSE (a) RESPIRAT DUE TO, OR AS A CONSEQUE (b) CARCINOMA DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF RIGH	IT LUNG	INAL DISEASE OR CO	NDITION GIV	VEN IN PART, 11	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR	216 HOW INJURY OCCURE				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	ARM, ETC J	211 LOCATION STREET	CITY OR 1		COUNTY	STATÉ
	22a.l certify that (1) this hospi saw the deceased alive an above, (1) we did did na	APRIL 20 19	MARCI 32	od that in (my our opinian o	ta APRIL		19 82 or and fram the	that (I) ello
	72k SIGNATURE GUSY	& Show	a	DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	22c. DATE	SIGNED 8782
	K. GEORGE THO			100 N. BROAD	HOME CORP WAY BALTIN	O. MORE, I	MARYLAN	D, 2123
	BURIAL, CREMATION, REMOVAL ISPECIF Burial	4/23/82 N	lead	emetery or crematory owridge Mem.			COUNTY	Md .
24 FU		neral Home I. I. Lane, Balto.		At	PR 23 1982	A SIST	TRAR'S SIGNAT	North-

DH/AH - 16 50M 1/B1 (VRA 15, 4)



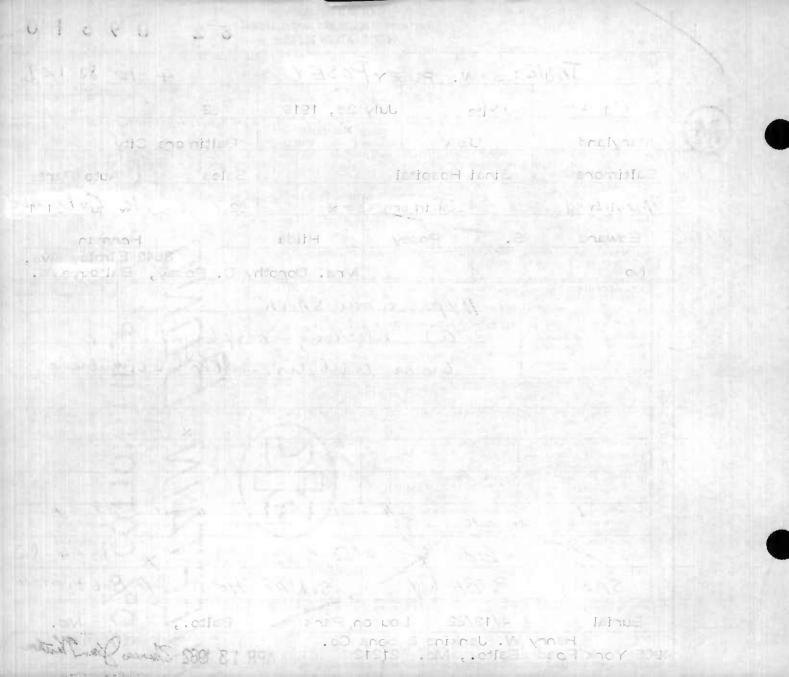
	1.	STATE REGISTRAR	CERTIFICATE OF DEATH 8 2 REG. NO. 9 6 0 9										
¥ 75		CEASED NAME FIRST EOR PRINT) Kather	rine	Po	rter	2a. DATE O		298Z	1040 A M				
Dic	3. SE	Female	Caucasian	5. DATE C		2 /Ow	YEARS LAST BIRTHDAY) KS YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.				
W 15		Maryland :	L.S.	TRY? 8 MARRIE WIDOWE			Share Ci	TY OF DEATH	MD				
by the tune	Bo	altimere		Kins Ha	· . A	12a USUAL	OCCUPATION K FOR MOST OF WORKING	LIFE) 126. KIND OF INDUSTRY N. A	BUSINESS OR				
L OF nn 24 hours	13a.	AL RESIDENCE (IF NURSING HOME OR O STATE Hab COUNT aryland Ceci	Y 13c CITY OR	BEFORE ADMISSION) TOWN DEPOSIT	13d. INSIDE CITY LIMITS YES NO 🛣	64	ADDRESS Keller L	ane					
KORELI xecuted within nd campletely ges 1 and 2 sh dicol.examine		Thomas	Dotte Porte	r	Denise	NAME	MIDDLE	Yatema					
K(WAR OR DATES)	A.	Denise	Porter	64 Kelle Port Dep	er Lane					
Y DR ertificate b FICE g physicia an papers remaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		orespir	atony An	rest			CALLAK				
deoth ce OF ottendin		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONS		ceptaly P	anhypo	pituitar	ism Bir	46				
N ME that the SR'S d by the lease rem ial, crema		couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	FOY HA	loprosence	ephaly							
NON requires t MINE een signed t. Then ple or to buria	TION	PART 2. OTHER SIGNIFICANT CO					e or condition g		els' to				
The low of the hos be sit permit given pring shows on	CERTIFICATION	190 DATE OF OPERATION N. A. 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	N.A.		YES [NO IN CERT	ES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH?				
ASED YSICIAN: T ding physion s certificate sourial-transi mem to Hygi r frem 18 sh	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR	N.A.		TURE OF INJURY IN ITEM 18	1 PART 1 OR PART 2)					
ELEP VING PHY: or attendia After this sos the builth and M	MED	21d INJURY OCCURRED N. H	(AT HOME, STREET, FACTORY, OF		STREET	V. H.	CITY OR TOWN	COUNTY	STATE				
ATTEND ospital of ECTOR: ed for use of the u		220.1 certify that this hospital saw the deceased alive an abave, (1) bwe) Glob (did not) 22b. SIGNATURE	4/27	19 82 , or	, 19 20 and that in (our) apin	ion death occurre		our and from the c	hat (I) iast couses stated				
SPITAL OR I by the H be detach be detach e Store Degrant: If the		22d PHYSICIAN'S NAME LIVE OR	CHEN ME	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	4/29	182				
TO HOSPIT retoined by TO FUNER should be with the Ste	72-	MARILI	EE C. ALL		JOHNS t		HOSPIT.	m					
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	May 1,1982		emetery or cremator Memorial G	CITY	Bel Air	Harford	Md.				
DHMH - 16 50M 1/81 (VRA 15, 4)	74. F	OF EEA DEA	Herson	For	75 Md 250		REGISTRATOR REGI						



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



V		ems #18a-22a Fi FOR STATE	lm G568 6			MARYLAND H AND MENTAL H	YGIENE	0.0	. 4 1	
9		REGISTRAR	ME	DICAL EXAMIN	NER'S			REG. NO.	0 1	
		EASED NAME FIRST		WIDDLE		LAST	OF I	NOWN X MONTH		2b. HOUR
2	SEX	Barbar 14 RACE	S. DATE OF BIRTH	L. I6 AGE (IN Y		tee	DEATH M	NATED 4	30 19 82	M
3	Fe	emale White	July 26,	1946 35 Y	PAY) MONT		MIN PRONOUNCE DEAD	ED 4	30 1982	24 HOUR 8:16 D. M
1		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	IED NEVER MARRI	IED XEX	RE CITY OR COUP		
7	M	TY OR TOWN OF DEATH	<u>us</u>	A	WIDOV			timore C		MD.
1			(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)		IEK INSTITUTION	12a. USUAL OCCUPA EOR MOST OF WORKIN	G LIFE)	OR INDUST	IRY
4	JSUA	Baltimore LRESIDENCE (IF IN NURSING JOME O	ROTHER INSTITUTION GI	nway Apt	1109		Unemplo	yed		
	30. SI	ryland 136 COUNT	тү	Baltimore		YES ★ NO □	13. STREET ADDRESS	ray St.Ba	Lto.Md.	- 40
5	4. FA	THER'S NAME FIRST LEON	MIDDLE	Potee	2	IS. MOTHER'S MAIDE	MIDD	DLE (//):	lliams	
1	6a. W	AS DECEASED EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURIT		17 INFORMANT		ADDRESS	caulis .	
	{YE	S. NO. OLUNKNOWN) (IF YES, GIVE V	WAR OR DATES)	213-46-27	766	Mrs. (athe	erine Potee	,3706 We	st Bay A	ve.
		18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED							APPROXIMAL BETWEEN ONS	E INTERVAL ET AND DEATH
		- C	E CAUSE (a)	cute Amits	1 0	ine Intox	ication			
1		Canditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
		gave rise ta immediate	(b)							
		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).			
4	CERTIFICATION	19a. DATE OF OPERATION	Tue course							
	FICA	THE DATE OF OPERATION	196. CONDI	TION FOR WHICH OPE	KATION V	AS PERFORMED?			20 AUTOPSY	
H	RTII	21g EXTERNAL CAUSE WAS	21b. TIME OF	IN HIDV	21, 1	OW IN HIRV OCCURRE	D STATES MATTER OF	V IA 1 195 10 D . 00	YES XX	NO 🗆
		UNDERLYING OR	HOUR A.M	MONTH DAY YEA	R		D (ENTER NATURE OF INJURY	TIN ITEM 18 PART I OR P	*AK(2)	
1	MEDICAL	CONTRIBUTING CAUSE OF D	PLACE C	1.6		bject Inge	sted drugs			-
1	ME	WHILE NOT WHILE AT WORK	STREET, FACT	TORY, FARM, ETC.)		TREET	CITY OR TOWN		OUNTY	STATE
		AT WORK AT WORK	Hom	ie	1 1		St. Apt. 11	109 Balti	more Md	•
		22a I certify that I taak charge	e af the remains des	cribed abave, held an	Autap	sy XX. Inspectia	n . Inquiry .	and in my c	ppinian	
		death resulted fram: Nature	al causes ,	Accident, Su	vicide 🕱	. Hamicide .	Undetermined mann	ier,		
		ACTUAL)	· 400			Assistant		DATE	5-1-	-82
-		SIGNATURE VIGIM	alber	~	^	.D./133131dIII	MEDICAL EXAMIN	IER SIGN	NED	02
4		EXAMINER'S NAME VITO	ginia L. [Dolan, M.D.		ADDRESS	II Penn St	reet		
2	3a. Bl	JRIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY C	R CREMATORY	23d. LOCATION	200	UNITY . 3	PAT
-		Burial M	ay 4,1982	? Holy (ross	emetery	Baltimon	e, Aa	ruland	-
1	M	MERAL DIRECTOR MILLU Funeral H	lama pargess	Patapsco	- 512c	Balto BATE F	V A 1092	CHICAS	MAN PROPERTY	
L	DIC	any railean r	(me, 4)/	· rumpiou	11061	Wir	4 1000	2	A 11 11 11 11 11 11 11 11 11 11 11 11 11	

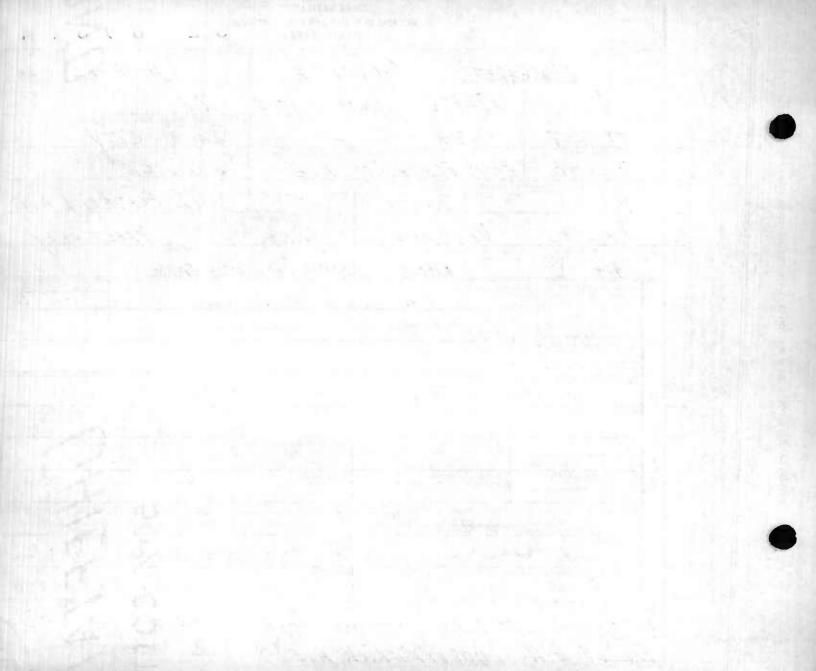
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/1	1	FOR			DEPARTA			ARYLANI AND MI		IYGIEN	E					
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70		CEASED NAME	FIRST		WIDDLE			LAST			2a. DATE P		MONT	H DAY	YEAR	26 HOUR
	(L ON PRINTI	BILLY	GO	RMAN			POWELL			OF DEATH	MATED \$	Q 4	11	19 82	
	3. SE	4. RAC		ATE OF BIRTH		LAST BIRTHDA			IF UNDER		2c DATE		MONTH		YEAR	2d. HOUF
I	N	lale Whi			23	58 YE	mo	TS DAYS	HOURS	MIN	PRONOUN	CED	4	12	19 82	6:34
	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)		ITIZEN OF WI	HAT COUNT	RY?	8 MARRI	ED NE	VER MARRI	ED 🗆	9. BALTIMO	ORE CITY	OR COU			
1		N.C.		U.S.	Α.		WIDOW		DIVORCI		Balti	more	City	,		MD
	10. C	TY OR TOWN OF DE		NAME OF HOS			, OR OTH	ER INSTITU	TION	12a. USU	AL OCCUP	ATION (TY	PE OF WORK	12b KIN	ND OF BU	SINESS
		Baltimore		4 N Ce	ntral	Ave				Ret	IOST OF WORK	ING EIFE)	(Cont		
ij	USU /	TATE	IRSING NOME OR OTHE	R INSTITUTION, GI	13r. CITY	PR TOWN	ON)	13d INSIDE CI	ITY LIMITS?		ET ADDRES	s	100	MU11-6-	rac t	, 01,
	N	.C.				gant		YES-	NO 🗆	I STATE			Ave.			
Î	14. F.	ATHER'S NAME	MIDI	DLE	LA			15, MOTHE	ER'S MAIDE	NNAME		DDLE			LAST	
		Isaac				rell	100	Mar	ude	93					ire	
	16a \	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED F	ORCES?		AL SECURITY	NO.	17. INFORA	THAM			ADDRES	S			
		Yes.	WW 11		7			Wood	d Mos	rtua	rv (Free	r S	C.		
		18 CAUSE OF DEAT PART I DEATH W	H (Enter only one	couse per line	for (o), (b),	ond (c),)	150		4113	1				BETW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
		1	IMMEDIATE CA			nolism										
13		Conditions, if)	DUE TO, OR	AS A CONS	EQUENCE)F							70		
	-	gove rise to	immediate	(b)												
		couse (a) stating lying couse lost.	the under	DUE TO, OR	AS A CONS	EQUENCE C)F									
				(c)												
	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATE	O TO THE TERM	NAL DISEASE	OR CONDITION	N GIVEN IN PAR	RT 1 igs,		9				
	ATIO	19a DATE OF OPERA	ATION	196 CONDIT	TION FOR W	HICH OPER	ATION W	AS PERFOR	MED?	_				120 A	UTOPSY?	
	FE			22 311										HE	AD ON	NO D
-	CERTIFICATION	210 EXTERNAL CAU		21b. TIME OF	INJURY		21c. HC	W INJURY	OCCURRED	D (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART 1 OR P	1	23 KM	NOL
>		UNDERLYING CONTRIBUTING			MONTH [DAY YEAR										
	MEDICAL	214 IN HIRY OCCUP	RED	21e PLACE C	OF INJURY	(AT HOME.		CATION	v = H =		- n-n	-				
	E	WHILE NOT AT W	WHILE	SIREEL, FACT	ORY, FARM, ETC.	.)	5	TREET			CITY OR TOW	N	C	OUNTY		STATE
			I took charge of th	ne remoins des	cribed obove	, held on	Head	3 Knty	Inspection		Inquiry		nd in my o	nomon		
	1	death resulted from		(V)	Accident [cide	Homic			rmined mor			-		
	1		A		-			TITLE (SI				,				
_		ACTUAL SIGNATURE	MA	(25	D	_	M.		istant	MEDIO	CAL EXAMI	NER	DATE	4-12	-82	
>	-3	EYAMINED'S NAME	1.	5.	1	1										
1		(TYPE OR PRINT)	Ann M.	Dixon	, M.D.			ADDRESS_	111 F	enn	St.,	Balto	o.,Md	. 2	1201	
	23a.B	URIAL, CREMATION, R	EMOVAL 236. DA	TE	23c. NA	ME OF CEM	ETERY O	RCREMATO	ORY	23d. LOC	CATION		CO	UNTY	STA	ATE
	24.5	Cremation	2 11-	13-82	Gr	een I	loun	t		Be	1+0	1207			Md	
	74.1	NERAL DIRECTOR	LOVE S	ADDRESS		Yorl		•	25a. DATE R			The	DIRARS	Van	Plate	the
	H	enry W.	Tenkins	& So	as Co	Balt	50	Md.	AF	K 1	3 1982	UN	4			

The state of the s ACTUAL SERIES AND ACTUAL AND ACTU

1 Bess 2 1 1 2/82 Francis White 5 29 99 8 6 1925 1 Baletman South Saleman Can Holy no a Alch and Bellevine Capen Heart Wares Military Color Col extraction of the second of the 126-5 a Carriette Feelgare 22 Paper F. Botheyel Van Parella Record Tark sort See for talkers Edd Harth Atue I well of all and the second of the second o old . willer new / reduit 1. - 2008 + 1

6	1 -	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 2	0 9	6	14
4354		CEASED NAME FIRST MARCE	SHRET	PROVE	ENZA	20. DATE OF DEATH	4-29	YEAR 2 -82	HOUR // HM M
NW C	3. SE	P	WHITE	5. DATE OF	A 27, 1894	6 AGE (IN YEARS LAST BIRT	YRS.	HS DAYS	F UNDER 24 HRS HOURS MIN
her death he funeral di within 72 hoi bied ar ofice)	C	TTALY	D. S.A.	MARRIED	The state of the s	9 BALTIMORE CITY OF	· C17	V	MD.
- TO 差 /		BALTO.	11. NAME OF HOSPITAL, NURS (8F.NOT IN SUCH FACILITY GIVE STRE 5542 COTHER INSTITUTION, GIVE RESIDENCE BEFORE	ERICK	AVE.	TYPE OF YORK FOR MOST OF	F WORKING LIFE)	% KIND OF	BUSINESS OR
ND 2	130. 5	TATE 136. COUN		NO.	34 INSIDE CITY LIMITS? YES NO S	13e. STREET ADDRESS	FREDE	Rich	AVE.
ORE, MARYLAI executed within ond completely oges 1 and 2 sh edical examiner			MIDDLE A Z Z ANI MED FORCES? 166 SOCIAL SEC	9	ANNA I INFORMANT	ADDRE	PRES	TIAR	EV
tTIMORE, be execution and co		es, no or unknown) (1F yes, give	WAR OR DATES) NONE		ANNA PROVE	ENZA SAN	1E	ABDB OVIA.	M in ((Chy A)
		PART I. DEATH WAS CAUSE		(1)600G	o The Par	· C: 645			SET AND DEATH
£ 700. to		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQ	UENCE OF					
301 W. PRESTC st that the deat and by the atten please remove c urial, cremation,		cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ						
ORDS, 3 requires en signe or to bur rinjury,	NO	Conjust	CONDITIONS CONTRIBUTING TO	STEATH BUT N	CR-CINC 4	MALDISEASE OR CON		N PART IIo	
ITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING	CAUSES O	S USED F DEATH? NO
VISION OF VITAL R. 3 PHYSICIAN: The lantending physicion. Per this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
DING PHYSIC or attending After this cer e as the burio olth and Ment	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
T H S S S S S S S S S S S S S S S S S S		saw the deceased alive on abave, (1) (we) (did) (did no	tal) attended the deceased from 19 11) view the bady after death.	for ond	that in (my) (our) opinion d	eath occurred an the d	ote and haur and	from the co	
TAL OR A by the hos by the hos RAL DIREC detoched fore Dept.		226 SIGNATURE	5 × 10, 101)		GREE (/) ATTENDING PHYSICIAN	MEDICAL STAL	FF CIAN []	The DATE BY	9/FL
TO HOSPITAL OR ATT retoined by the hosp. TO FUNERAL DIRECT should be detached fo with the Stote Dept. of WITH POSTANT: If hem 2		22d. PHYSICIAN'S NAME (TYPE OF	Evans				d, Kali	2, 4	1230
7844	E	CURIAL, CREMATION, REMOVAL SPECIFY) NTCBMENT	236 DATE 236 5-3-82 A	ORRA: N	METERY OR CREMATORY	23d. LOCATION CITY OF TOWN			MD.
DHMH-16 60M 1/73 (VR A 15 (4))	24 FL	NAME ARLEY F-H	6601 PRES	DERICH	Y AVE MAY	4 1982	REGISTRAN	SSIGNATUR	EA-A



FOR

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	v 5
0	REG. NO.

4	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	3 REG.	NO. 0	9 6	, 1 5
1		CEASED NAME FIRST Edwar	MIDDLE	Pryo	AST	20. DATE OF DEATH	4 /23	1	26. HOUR 305 A M
	3 SE	lale	Negro	5. DATE (YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
3		IRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED	-1011	OR COUNTY O	FDEATH	~ MC
19	I	Saltimore	North Ch	GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION		F BUSINESS OR
5	130. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN aryland City		DENCE BEFORE ADMISSION) Y OR TOWN / fimere	134 INSIDE CITY LIMITS	2618 Bo	one Str	eet	21218
C	14 FA	ATHERS NAME FIRST	MIDDLE Pr-	LAST	15 MOTHER'S MAIDEN	NAME	5	mith	T
1	160 V	VAS DECEASED EVER IN U.S. ARA YES NOOR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SO E WAR OR DATES) 216	CIAL SECURITY NO. 6 -095-767	Mary E. Pr		Boone S	Stree	t
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Canditians, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	D BY. E CAUSE (a) CAUSE DUE TO, OR AS A CO (c) MA	lio-respi onsequence of tastati onsequence of lignant	e maligno Melanom	ancy are minal disease or co	INDITION GIVEN	10 n 27 11 y	mate interval onset and death ninutes lear s lear s
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIF	NG CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE		ONTH DAY YEAR 19 RY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN		COUNTY	STATE
		220.1 certify that (1) this haspit sow the deceased alive on above (1) (we) (did (did not 27b. SIGNATURE	4/22/	19 82	nd that in (our) opini	2, to	23/ 19 date and hour o		
		Donald F. E		ho.	ATTENDING PHYSICIAN 1220 ADDRESS 3701 Dupin	DIRECTOR PHYS	sington,	14/. Md.	23/82
	220 5	DUDIAL CREMATION REMOVAL	22L DATE	TO NIAME OF	EMETERY OR CREMATOR	N TOTALION	1		

DHMH-16 30M 2/80 (VRA 15, 4)

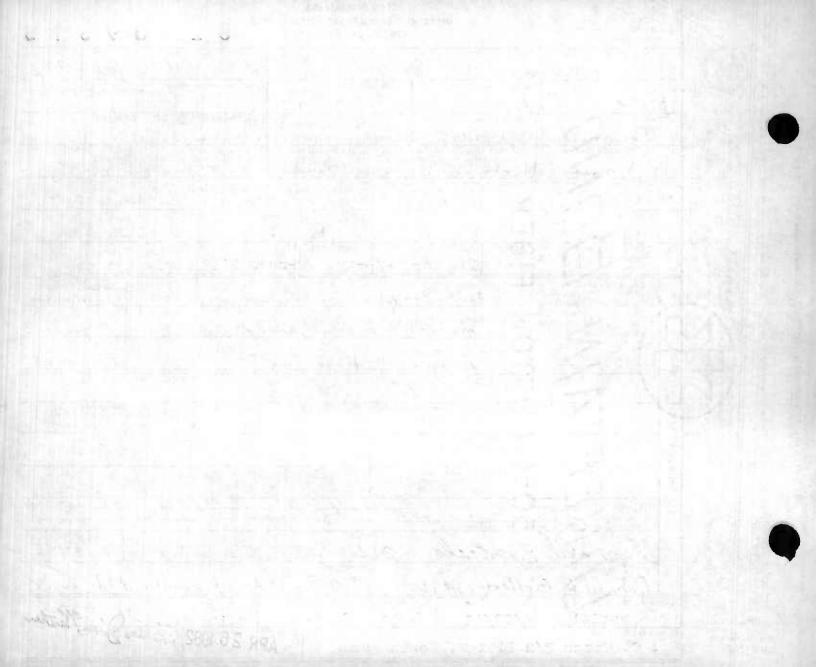
MPORTANT: If he

(SPECIFY) Burial

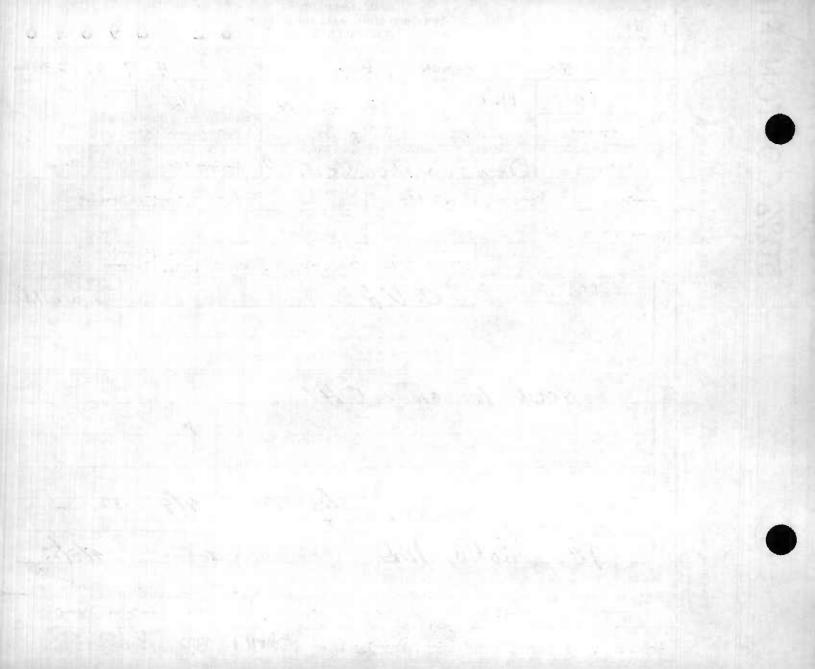
Cedar Hill Cem.

250 DATE REC'DE SYREGISTERS 25 ALGISTERS APR 20 902 25 ALGISTERS

24 FUNERAL DIRECTOR March F/H 1101 E. North Ave.



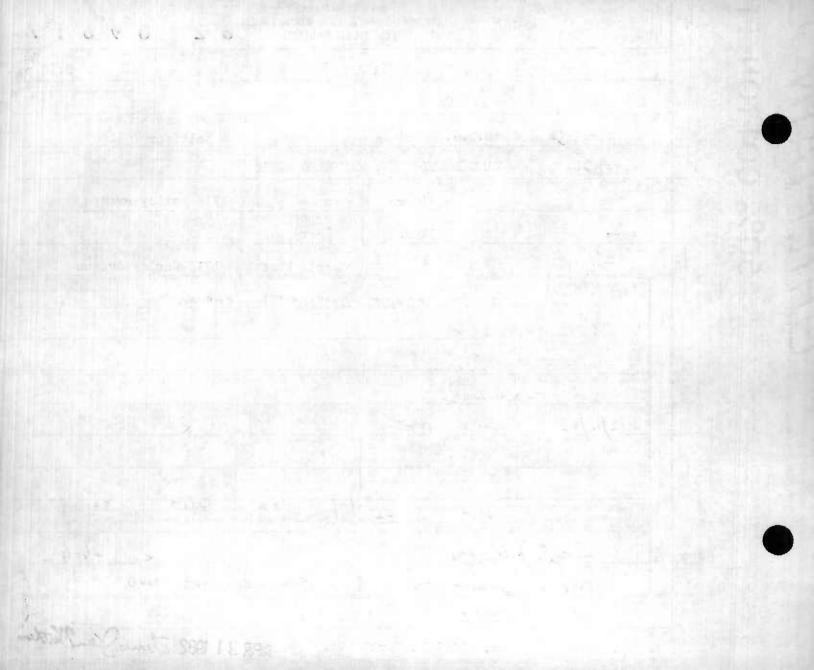
		FOR		DE		E OF MARYLAND	IVOITHE				
	1.	- STATE REGISTRAR		DEI		REALTH AND MENTAL F	S	REG. NO.	0	9 6	16
1		CEASED NAME E OR PRINT)	Mamie	BROW	N	Pugh	20 DATE OF	DEATH MC	H 9	VEAR	26 HOUR 2.30 Am
ad	3 SE	× Fe	n. Bla	ich	S. DATE		6 AGE INYE			INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
2 83		RTHPLACE (STATE OR F		S.A.	NTRY? 8	D NEVER MARRIED	9 BALTIMOR		COUNTY OF	DEATH	MD.
70		ITY OR TOWN OF DEA	O'e	OF HOSPITAL, N IN SUCH EACILITY, GIVE	STREET ADDRESS	or other institution	120 USUAL O			INDUSTRY .	Home
BS Per Porting the	M	aryland	NG HOM OR OTHER INSTITUTION Harfor	13r. CITY OF	e before admissioni R TOWN Air	13d. INSIDE CITY LIMITS	202-1/	DDRESS Idle	wild S	treet	
1002C	G	eorge	MIDDLE	Brown		15 MOTHER'S MAIDEN FIRST Martha	NAME	WIDDLE		Brown	F
S. Poges		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DA NONE	TES)	2-7674	Gwendolyn l	E. Jones	3908 Rand	Tiver allsto	ton R	oad d. 21133
te prior to buriol, cremotion, or sany injury, or other troumoti	CERTIFICATION	Conditions, if any, gove rise to imm couse 101, stotin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAL	which nediote 9 the lost DUET	Dis ed	SEOUENCE OF G TO DEATH BU	NOT RELATED TO THE TE	20a AUTOR	PSY? 2	Ob. IF YES, WI	ERE FINDIN	GS USED OF DEATH?
ond Mentol Hygiene sed or Item 18 shows	MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR	CAUSE OF DEATH CAL EXAMINER) RED 21e. PL	ME OF INJURY IR A.M. MONTI P.M. ACE OF INJURY	19	21c. HOW INJURY OCC				ORPART 2)	NO []
Hem 21 is mort	MI	sow the decease	(this hospital) attend	9/9	from	ond that in my) (our) opini DEGREE ATTENDING PHYSICIAN 27e ADDRESS	S _ MEDICAL _	on the date	and hour an	82	that (we) last causes stated
should be deto with the Stote L		BURIAL, CREMATION,				EMETERY OR CREMATOR We Baptist C			Harfor	d" Ma	ıryland
50M 1/81 15, 4)		oward K. M	cComas III	Abingdo	on, Mary		APR 12	GISTRAR 258	REDISTRAR	GNAT	Marty



- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 2 REG. N	NO.	Û	9	Ó	1	-
TE OF DEATH	MONTH	DAY	YI	EAR	2b. HOUR	

1	1 -	STATE REGISTRAR		CERTIF	CATE OF DEAT	Н	REG. NO	U	9 6	1 8
		EASED NAME FIRST PABEL		P	LES			4 25	5 82	26. HOUR
	3 SEX	eurale.	white	S. DATE C	DAY Y	889	6. AGE (IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	IF UNDER 24 HRS
7	со	Wash., DC	USA	WIDOWE	Value .	ED [Beltimore city of	re c	114	MD
3	B	altimore	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SOUTH BUTTINGE	Gener	1 4 24		120. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	estic
-	13a. S		Anunde Balto		13d. INSIDE CITY LIV YES NO	2	130 STREET ADDRESS Itammonds	ane No	rs. Hon	Иyo
	14. FA	John ME	Dean		15. MOTHER'S MAII FIRST Unknow		WIODLE		LAS	Т
1	(Y	(AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	WRITY NO.	Victor A	1. Py.	les, II 40	Ito Fow	Mt. St	21225 neet,
	NO!	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOL (b) Metabo DUE TO, OR AS A CONSEOL (c) Probable	UENCE OF LENCE OF		th se				
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO			200 AUTOPSY? YES NO	IN CERTIFYII		OF DEATH?
	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE	DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY	OCCURRE	ED {ENTER NATURE OF INJUR		COUNTY	STATE
		22a. I certify that (I) (this haspito sow the deceased alive on obove, (I) (we) (did) (did not)	4/25/82 19		8 2 , 19 nd that in (my) <u>(our)</u>		to 4/25/82 eath occurred on the do	te and hour c	and from the	
		Sanlayana				NDING	MEDICAL STAF		224. DATE	SIGNED
		Sautayano	revely		10 ZZ Ch	ANIN		ct. I	Belto.	. Md.
	23a. B	Burial CREMATION/REMOVAL	23b. DATE 236 4/28/1982 (edan t	EMETERY OR CREM	tery	Baltimone	, A.A.	O.,	Md. STATE

DHMH - 16 25M

(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR, After this certificate has been signed by the otten thould be detrached for use as the burial-transit permit. Then please remove as with the Start Dept. of Health and Mental Hygiene prior to burial, aremotion,

MUDRIANT: If them 21 is marked or them 18 shows

14 FUNERAL DIRECTOR
McCully Funeral Home

FOR

page 3

may be

Poge 4 deoth. ofter

within 24 hours

executed

death certificate

the

OR ATTENDING PHYSICIAN: The

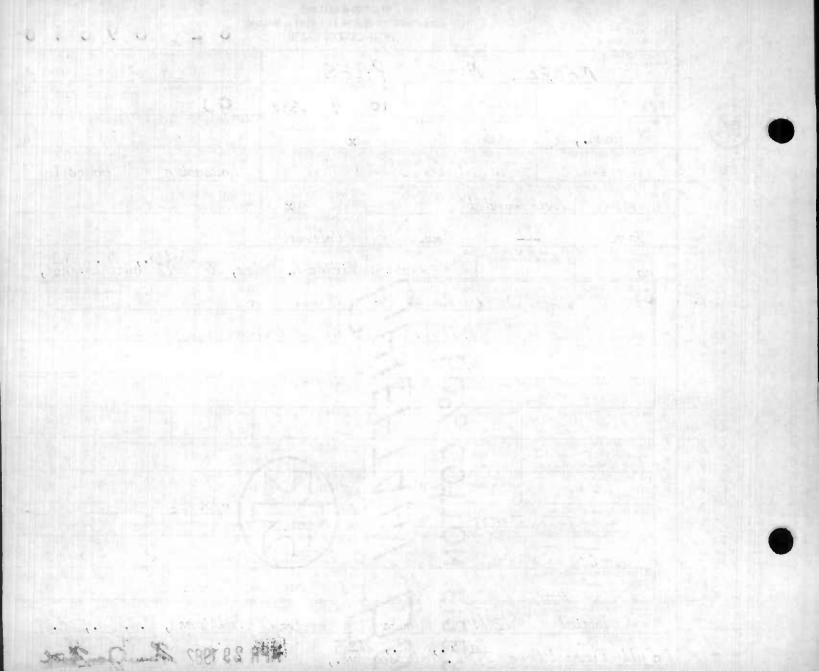
O HOSPITAL

BP.

injury, or other troumotic event, th

toporess Md., 21225 E. Patapsco Ave.

250. BATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



7	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	HIGIENE	8 2 REG. N	10.	9 6	19
		CEASED NAME OR PRINT)	Charle	es Edw	and O	AST		ATE OF DEATH		AY YEAR	2b HOUR
	2.051					iaty		-	4,198	IF UNDER 1 YEAR	BAM M
	3. SE)	Male	Wh:		5. DATE O			E (IN YEARS LAST 8		ONTHS DAYS	HOURS MIN.
	Ja. Bil	RTHPLACE (STATE OR FOR	EIGN 76. CITIZ	EN OF WHAT CO	UNTRY? 8		- 9 BA	LTIMORE CITY		OF DEATH	
5		Baltimore	Md.	USA	WIDOWE	D NEVER MARRIEI DIVORCEI	Bo	ltimor	re Cit	y ,	MD
0		TY OR TOWN OF DEATH	(IE N	OT IN SUCH FACILITY, O	GIVE STREET ADDRESS1	OR OTHER INSTITUTIO	(TYPE	SUAL OCCUPAT OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
1		timore	460		Lucy Ro	1.	Si	ipervis	sor	Prir	nting
5	13a. S	AL RESIDENCE (IF NURSING TATE	b. COUNTY	13c. CITY	or town alto.	134. INSIDE CITY LIM YES MO		TREET ADDRESS 05 Per	in Luc	y Rd.	
6	14. FA	THER'S NAME Christ	topher	Quat	LAST Y	15. MOTHER'S MAID!	rgaret	MIDDLE	evern	LA.	ST
		VAS DECEASED EVER IN ES, NO OR UNKNOWN) YES	U.S. ARMED FO	DATES	-38-312	Mr. Her	altim	ore, ADDI	Md	212 Stan	29. nford R
		18 CAUSE OF DEATH PART I. DEATH WAS	CAUSED BY:	-	o), (b) ond (c).)	- V		1.		BETWEEN	CIMATE INTERVAL
		4100 Conditions, if any, v	which (E TO, OR AS A ON	DISEQUENCE OF	elenotie	Carche	· Vase.	dian	,	
		gove rise to imme- couse (a), stating underlying couse		E TO, OR AS A CO	ONSEQUENCE OF						
	NOI	PART 2. OTHER SIGNIF	ICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE	E TERMINAL D	DISEASE OR CO	ndition Give	N IN PART 1	(0)
2	CERTIFICATION	190 DATE OF OPERATION)N 19b	CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	IN CERTIFY	WERE FINDI	NGS USED S OF DEATH? NO
/		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH	TIME OF INJURY OUR A.M. MOI P.M.	NTH DAY YEAR	21c HOW INJURY C	OCCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18 PA	RI I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	D 21e	PLACE OF INJUR		21f. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (1) (t	his hospital) atte		-	nd that in (my) (our)	66, to	o H -	date and hour	9 8 Z	, that (I) (we) last
		sow the deceosed obove, (1) (worlding 22b. SIGNATURE	Hidid not view t	he body ofter dea	th.	DEGREE			AFF	DATE DATE	
1		22d. PHYSICIAN AN	LE (TYPE OR PRINT)	KING	p, no	PHYSIC 22e. ADDRESS		CTOR PHYS		14/	10/82
		HARR	1 W. H	NIPP. 1	ND.	54110	ld Tre	densk	Rd.	212	29
		BURIAL, CREMATION, RES (SPECIET)	MOVAL 23b. [ATE /		emetery or crema	Com 1	LOCATION CITY OR TOWN	ltimor	COUNTY	STATE
	24 FL	JNERAL DIRECTOR	Storting 9	uneral Esta	ADDRESS		W 15. ///. //	D. BY REGISTRA			URE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME

APR 16 1982 Frame

736 Edmondson Ace

Cutting and the state of the st The last the Sufficient, and the war was a second to the constitution of the co present the little server of t . to the white the deal of the contract the thristopher heaty Hargard Season pen view contains and the contains and t The Election of the Control of the C

DHMH - 16 50M 1/81 (VRA 15, 4)

1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HYG	GIENE 8	2 REG. NO.	0 9	6	2.	Q
	CEASED NAME	FIRST	,	AIDDLE	į	AST		20. DATE OF	DEATH MONTH	DAY	YE AR	26 HOUR	
[,,,,,		TTT.F	· N		OUEN	EAU		APRTT.	2 198	2		9.55	AM
3 SE	Female		4 RACE White		S DATE C	DAY	1 909	6 AGE (INYE)	ARS LASI BIRTHDAY)	MONTHS	RIYEAR	IF UNDER 2	4 HRS MIN.
	RTHPLACE (STATE OR) COUNTRY) CONNERS	OREIGN	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED X		MORE C		ATH		MD.
	TY OR TOWN OF DEA Baltimore	(TH		HOPKTN	G HOME C	OR OTHER INS		17a USUAL O	CCUPATION FOR MOST OF WORK	ING LIFE) IND	USTRY	ate S	S OR
13a. S	AL RESIDENCE (IF NURS	136 COUN			ADMISSION)		CITY LIMITS?	13e STREET A	Roland				
	THER'S NAME FIRST Liquistine L	_eon	Jean (Queneau		15 MOTHER Abb	'S MAIDEN NAM	_{ME} Jear	MIDDLE	Blais	dell		
0	VAS DECEASED EVER LES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES!	041-16-		17 INFORM	Taylor	McCle	address	Tows	on o	Md	
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE		line for (a), (b), one REFRACTO		ENTRI	cular.	FIBRILI	LATION			MATE INTERV	-
	2390 Conditions, if ony,		DUE TO, OF	AS A CONSEQUE		НЧРОТ	ENSION				30 n	mite	
Н	gove rise to imm couse (a), statin underlying couse	g the		AS A CONSEQUE	NCE OF	OETERA	NINEO !	brilin			6 w	rech	2
NOI	PART 2 OTHER SIGN	HEICANT C	onditions <u>cc</u>	NTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN F	PART Ito	1	
CERTIFICATION	190 DATE OF OPERAT	10N 82		STRIC N		N WAS PERF	DRMED	YES O		F YES, WERE ERTIFYING (YES [1?
	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEA	in i	A. MONTH DA	Y YEAR	21c HOW II	NJURY OCCURE	RED (ENTERNATU	IRE OF INJURY IN ITE	M 18 PART TOR	PART 2)		
MEDICAL	21d INJURY OCCURR	HLE [21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC J	21f LOCAT			CITY OR TOWN	со	UNTY	STA	ATE
	22a I certify that (I) saw the account about III	d dave on.	4/2	19.8	(2 , on	25 d that in (my	10 97	, 10	an the date and	19	rom the c	1	e) lost ed

MPORTANT: If Item 21 is marked ar Item 18 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Cremation
24 FUNERAL DIRECTOR 4-5-82

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

236. LOCATION CITY OF TOWN

Greenmount

Balto

Henry W. Jenkins & Sons Co., Balto., Md.

COUNTY

STATE

will Hims Perna. college in the control of the contro will me the second and the second sec variable on Jennius vai Jennius Blissall at 1 - 2 77 F. Targetten Care, N. . distriction of the contract of . DIVI Hynne W., Juneira Escona Co., Ealto., No.

may be

director, page 3

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

9

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
1. DECEASED NAME FIRST	HEN ELE	WIDDLE		LAST	20. DATE OF DEATH	MONTH DA		2b HOUR
Jose	ph		Qui	II) Quille	Apr	11 15	9 1982	10:25a,
3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HRS
Male	Blac	k	6	2°0 1'8°	63	YRS.	ONTHS DAYS	HOURS MIN.
H BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD		WHAT COUNTRY? USA	WIDOWE		9 BALTIMORE CITY S Baltimo			MD
Baltimore	Mary	y land Gene	eral 1	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)			OF BUSINESS OR
HUAL RESIDENCE (IF NURSING HOME) 13b CC MD		136 CITY OR TOWN Baltimo	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2141 Dr	uid H:	ill A	venue
14 FATHER'S NAME FIRST PETCY	WIDDIE	Quille		15 MOTHER'S MAIDEN! Etta	NAME	В	rown	त
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	212-14-		Delores	Johnson 35		antley	y Rd.
18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, O	Malignant	tum NCE OF Clero	or of paroti tic cardiova	d gland scular disea	se	BETWEEN	ONSET AND DEATH
PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING			7	NOT RELATED TO THE TE	20a AUTOPSY?	20b IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI	DEATH	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCI	VES NO	YES		NO 🗌
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY OFFICE FA	RM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220. I certify that (1) (this has sow the deceased always above, (1) (we) (did) (did)	April	19 10 82)		n death occurred on the d	ote and hour o	ond from the	that (h) (we) last causes stated
22h SIGNATURE				DECREE			100 DATE	CICALED

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

e buriol-transit permit. Then p d Mentol Hygiene priar to bur

IMPORTANT: If Irem 21 is marked or Irem 18

After this certificate has bee

230 BURIAL, CREMATION, REMOVAL 23b DATE 4/23/82

230 NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

1101 E. North Ave

22e ADDRESS

23d LOCATION
CITY OR TOWN
Baltimore

STAFF DIRECTOR | PHYSICIAN

24 FUNERAL DIRECTOR ADDRESS

22 HYSICIAN'S NAME (TYPE OR PRINT)

C. March F/H

(SPECIFY) Burial

Jim-Jer Hwu, M.D.

ATTENDING PHYSICIAN

MEDICAL

C/O Maryland General Hospital

(a) those and derifant heavital bester biderns to recur tenuelle Prearlosciantic cardinoscular ulumas A SECTION AND AND ADDRESS OF THE PARTY OF THE PARTY. and the main telephone -50 2 1 1982 Shine Sym 7 8 of a

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTI OSEP 1982 April 3. SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR White 30. 1921 Male May YRS TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED United States Baltimore Maryland DIVORCED KI WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Mercy Baltimore Hospital Road Commission State-Rodds USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland 414 S. Exeter St. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME and 2 s FIRST MIDDLE FIRST MIDDLE John Quinn Hazel Inderrieden BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-16-8413 NO 474 S. Audrey Garv Exeter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), 'b PART I DEATH WAS CAUSED BY 5 minutes DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF cancer Conditions, if ony, which una gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 0 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à ö IN CERTIFYING CAUSES OF DEATH? rial-transit pe Hygiene NO T sha 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR Mental OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö CITY OR FOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) norked NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated sow the deceased alive an. abave, (1) (we) (did) (did not view the bady after death. 226 SIGNATUR DEGREE 22c DATE SIGNED MEDICAL ATTENDING should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY CITY OR TOWN Anne Arundel Co, Md. May 1,1982 Burial Cedar Hill Cemetery 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) 1901 Eastern Ave. Lilly Zeiler Inc.

1 Section trust value I I as the first MATER THE MAY 30, 1911 60 Pergland United T.e.s. X Belliona City Sellinors March March Monghiel efbet - ceta oo en como D beeff Veryland ... - C - U Baltimore X of The Bonistal robitibal - to.si noit -5- - 224-36-803 Audien Cook - 24 S. Exelect St.

Bordel May 1,1987 Celer Hill Cruck ny -- Anne Arundus Co. W.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS OIX! bonnes 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 29 6 GYRS 7a BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A WIDOWED DIVORCED [Baltimore City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Plasterer INDUSTRY SE Baltimore Bon Secours Employed JUAL RESIDENCE, IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

18. STATE OT 1 136. COUNTY 136. CITY OR TOWN 130 STREET ADDRESS 1026 Edmondson Ave. 113d. INSIDE CITY LIMITS? Carolina Baltimore Baltimore, Maryland 21223 YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST Joe Ragner Jones Beavon 17 INFORMANT Roxboro. ADDRESS North Carolina 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 244-09-8992 Mrs. Shirley Moore 411 Cody St. No 18 CAUSE OF DEATH (Enter only one couse per line for 1920 (b), and (c) PART I. DEATH WAS CAUSED BY (arcmin IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if ony, which super or gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO 716. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH FIF EITHER NOTIFY MEDICAL EXAMINERS PM 10 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 5 COUNTY CITY OF TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ F2 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 4/4/42 PHYSICIAN DIRECTOR PHYSICIAN 224 YSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS id b ROLONES M. SABUNGAYS the ma ref. 0 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECIFY) 4/16/82 Burial Person County Nort Blackwell DHMH - 16 50M 1/81 (VRA 15, 4)

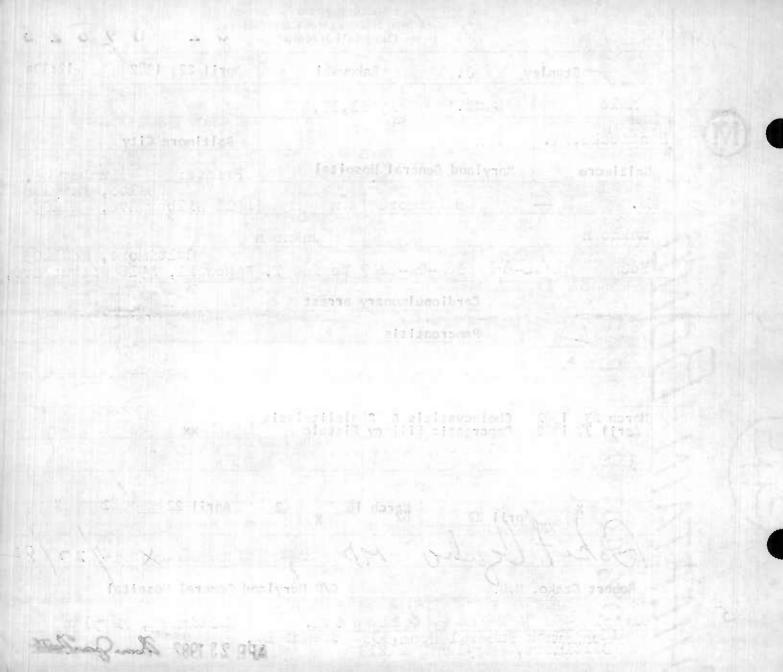
Leonard J. Ruck, Inc. Baltimore, Maruland

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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En il		CEASED NAME FIRST EORPRINT) Catherine	RIDDLE	0	enscroft	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR 2 A M
(W)	3. SE	Ferale	4 RACE White	S. DATE C		6. AGE (IN YEARS LAST BIR		HOURS MIN
1 33		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	NEVER MARRIED DIVORCED	Baltimore City C	R COUNTY OF DEATH	MD.
38	10. C	By Hinre	(IF NOT IN SUCH FACILITY OF		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON 12b. KIND OF INDUSTRY	BUSINESS OR
25	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	NTY 134 CITY Bal	DR. TOWN	13d INSIDE CITY LIMITS?	1603 Rambl	ewood Rd.	
1 1300	14 F	ATHER'S NAME JOHN K	TIQUII	AST	IS. MOTHER AND DEN NA			
Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	al SECURITY NO. -65-4909	Mr. Michael		554664 St. Aug	ustine L
equives that the death certification signed by the artending plans please remove carbons to burial, cremithen or remojury, as other transmotic even	NOI	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A COI (b) 7 DUE TO, OR AS A COI (c) 65	NSEQUENCE OF NOTALE NSEQUENCE OF	Mort. à Anea	NAL DISEASE OR CON	DITION GIVEN IN PART 110	Min
on. Nos bee Nos bee T permit ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NOP	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
TO HOSPITAL OF ATTENDING PHYSICIAN I retoined by the hospital or attending physician TO FUNERAL DIRECTOR. After this certificate should be detectived for use on the further transwith the State Dept of Health and Mantal Hag	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHATE NOTIFY MEDICAL EXAMINER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHATE NOTIFY HOT (I) (this hosping sow the deceosed olive on obove, (I) (we) (did) (did not 27b. SIGNATURE 122d. PHYSICIAN'S NAME (TYPE OR 122d. PHYSICIAN'S PHYSICI	HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY.	OFFICE, FARM, ETC.) I from	216. HOW INJURY OCCURR 216. LOCATION 216. LOCATION 19 d tho in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 226. ADDRESS Ly 14 Ly	CITY OR 10	wn COUNTY 19 , th ote and hour and from the co	
1 CBP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/17/82		emetery or crematory of Faith	23d LOCATION Balto.	Co. COUNTY	STATE
DHMH -16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR tchell-Wiedefel			25g DATE		25 EGISTRAP SIGNATU	RE

And a state of the ab as the - STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR 1 DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3075 W. NERTH AVAILE

20. DATE OF DEATH MONTH

82

126. KIND OF BUSINESS OR

Green

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COUNTY

22c. DATE SIGNED

Home

IF UNDER 1 YEAR

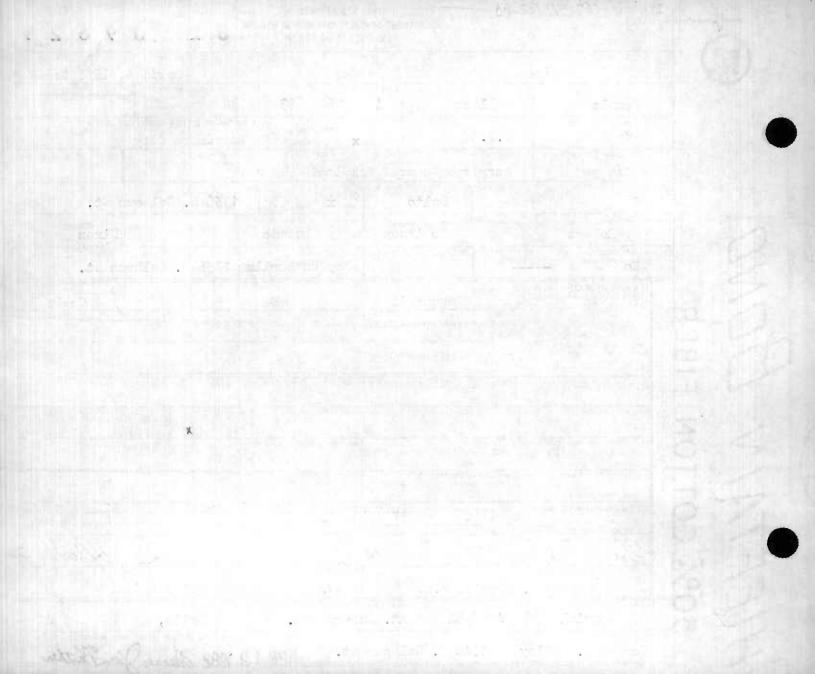
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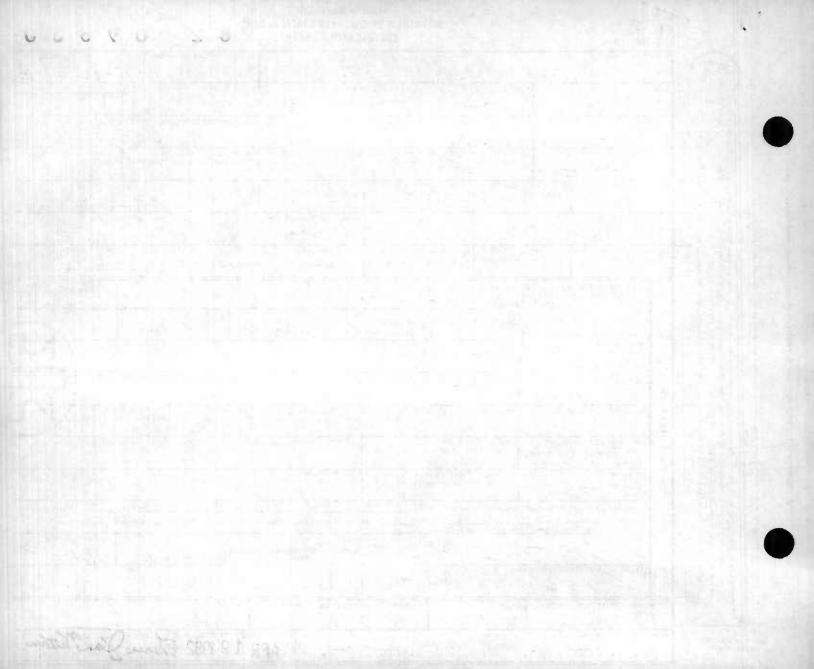
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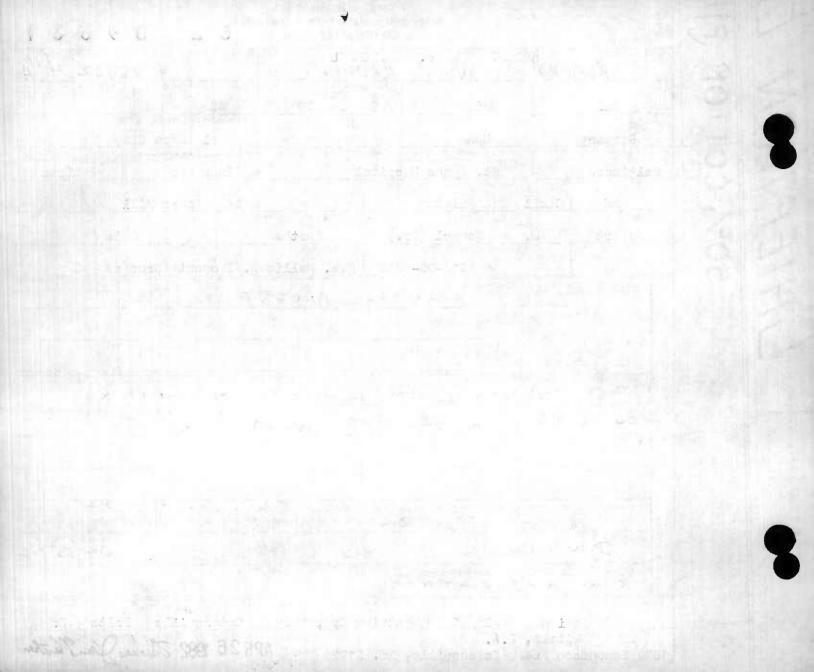
DHMH - 16 50M 1. (VRA 15, 4)

	tem 8 g567 5/3/8 FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	TENE 8 2	0	9 6	2 9
	ECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	Louis	e	Re	eder	A	pril 6	5, 1982	2:30P
3 SE	Female	RACE Black	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
3	COUNTE	76 CITIZEN OF WHAT COUNTRY? U.S.A	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of Baltimore	_	OF DEATH	M
8 1	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene	ral H		12a. USUAL OCCUPATO			F BUSINESS O
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OF TOW Balto		139 INSIDE CITY LIMITS?	13. SIREEL ADDRESS	Calhou	ın St.	
IA. FA	ATHER'S NAME Robert	Robins	son	15. MOTHER'S MAIDEN NA/ Lusade	ME		Dixon	
16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	IRITY NO.	May Sutherl	in 1356 N.		oun St.	
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230 E	Harry M BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			c/o Maryla EMETERY OR CREMATORY uburn Cem.	nd General		tal COUNTY	Mastate



3	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		8	2	0	9	6	3
1		CEASED NAME	FIRST		A.	K	AST O e ese	20	DATE OF	DEATH	MONTH 4 -	DAY 15-		26 HOUR
/	3. SEX	Male	4. 1	RACE Bla	nck	5. DATE C	DAY	YEAR 15	AGE (IN YE	ARS LAST BIRT	HDAY)	IF UNDER	DAYS	HOURS
40				CITIZENI OF WHAT COUNTRY?		D NEVER MARRIED 3		A BALTIMORE CITY OR COUNTY OF D						
16	10. CI	TY OR TOWN OF DEA Baltimo	100		HOSPITAL, NURSII CH FACILITY, GIVE STREET LUTHERAN	T ADDRESS)	OR OTHER INSTITUT	TION 12	a USUAL C			IFET IND	KIND OF USTRY	BUSINE
3		AL RESIDENCE (IF NURSI TATE MD	13b COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltimo	VN	13d. INSIDE CITY L YES 🔀 NO	IMITS? 13	e. STREET A	DDRESS 433 H	omes	tead	St.	
Camine	14. F.A	THER'S NAME FIRST unkn	MID	DIE	LAST	2.0	15. MOTHER'S MA FIRST UNIX			MIDDLE		1	LAST	
medical	16a. W	VAS DECEASED EVER (ES. NO OR UNKNOWN) Yes	IN U.S. ARME (IF YES, GIVE W		166. SOCIAL SECT 417-05-4		17. INFORMANT Deborah	K. Sa	vage	1433	Ham	este	ad S	t.
ner traumanic eve		Canditions, if any, gave rise to imm cause (a), stating	nediate g the	DUE TO, O	R AS A CONSEQU	um	z my	ilogi	m	Sen	hen	ù		
injury, ar ainer traumatic eve	TION	Conditions, if any, gave rise to imm cause [a], stating underlying cause	which nediate g the last.	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CONSEOU	ENCE OF JENCE OF DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISE ASE	OR COND	ITION GI	IVEN IN P		
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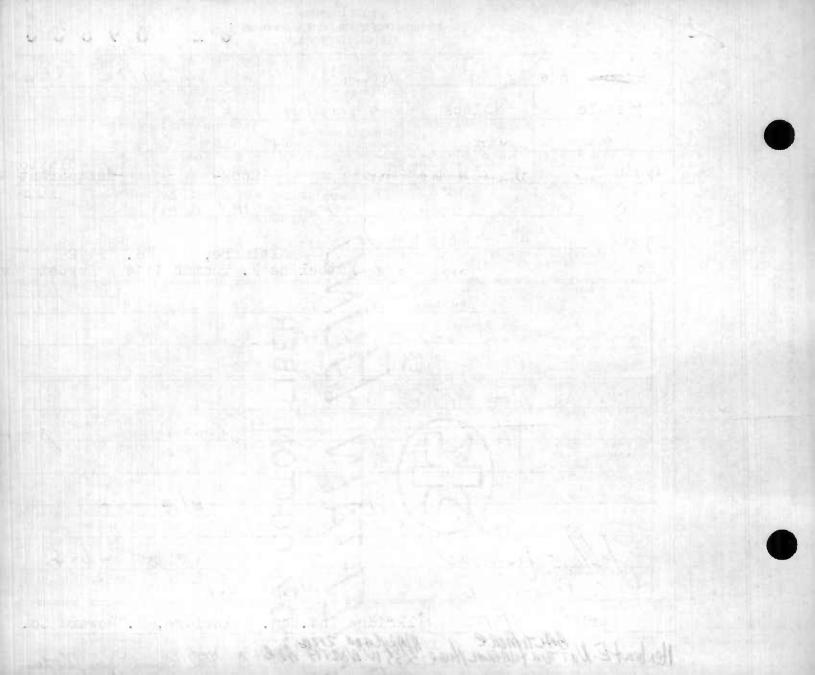


	1	ron.			STATE OF MARY					
- AX	11-	FOR STATE REGISTRAR			OF HEALTH AND AINER'S CERT		DERTH Z	0 9	6 3	2
(M)		CEASED NAME FIR		MIDDLE	LAST	III CAIL OI	20. DATE KNO	REG. NO.		2b HOUR
1 4 4 9	(TYP	E OR PRINT)	Roosevelt		Re	enwick	OF ES	STI:	13 19 82	
REGERA	3. SEX	4 RACE	5. DATE OF BIR	TH 6. AGE	(IN YEARS IF UNDER 1		HRS. 2c. DATE	MONTH	DAY YEAR	
SY, P DUR DUR NO ST	n	nale black	K Eph 16		YRS.	AYS HOURS MI	PRONOUNCEL DEAD	4	14 1982	8:25
SSAL SSAL PHIN ESTO	70 BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF		10	NEVER MARRIED	9. BALTIMORE	CITY OR COUN		AM
- WEGE	1 "	N. C.	21.5	A.	WIDOWED C		Bal	timore Ci	ity	MD
COSE E E E E E E E E E E E E E E E E E E		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING I	HOME, OR OTHER INS	STITUTION 120	6. USUAL OCCUPATE	ON (TYPE OF WORK	126 KIND OF B	USINESS
PA P		altimore			ort Street		Presse	7	Clean	ers
MD. 21201 H. IF ANY DELAY IS NECESSARY, FIEAE 2. AND 3 TO THE FUNERAL DIRECTO 3. 3. RETAIN PAGE 5 FOR YOUR FILE 2. SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,	13a. S	L RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION	13c. CITY OR TO	VN 13d. IN		STREET ADDRESS		22,000	
P. 21 F. AP. S. AP. S.		Md.		132/6/	MORE YES			ont-St	-,	
DEATH. IF GES 11. IF GES 11. IF AND 2 SI OF KITAL	D	THER'S NAME	MIDDLE	O- LAST	15. MC	OTHER'S MAIDEN N	MIDDLE		LAST	
A DE PER PER PER PER PER PER PER PER PER PE	160 V	VAS DECEASED EVER IN U.S	ARMED FORCES?	TIGO SOCIAL SEC	URITY NO. 17, IN	ELEKCOII	Ne	DDRESS	Wall	S
LTIN LTIN VE P. C. S.	(YI	S. NO, OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	220 44	9022200	Menin	e Tillen		Dant C	4
JRS JRS JRS DIVITE PA		18 CAUSE OF DEATH (Ente	er only one couse per	line for (a), (b), and (c	0-6-3-3-AVCA	JE BLE JIIV	G IIIIEP I	PHINT	APPROXIMA!	TE INTERVAL
HOG HOG HE		PART I DEATH WAS CA	USED BY:		es mellitu	16			BETWEEN ONS	ET AND DEATH
A 24 A LO	1	2500		OR AS A CONSEQUE	NCE OF	13				
MITHII CIL I	-	Conditions, if ony, w						DOMESTIC OF		
AWII WED W		cause (a) stating the <u>ur</u> lying cause last.	DUE TO,	OR AS A CONSEQUE	NCE OF					
S. 20 S. 20	10		(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. I RITING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 E3 SHOULD BE USED AS A BURAL "TRANSIT PERMIT. PAGES 1 AND 2 8 E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VINAL OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONOL	TIONS CONTRIBUTING TO DE	NTH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	40ITION GIVEN IN PART 1	iol.			
NI RE	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION WAS PER	RFORMED?			20 AUTOPSY	1?
SE S	E								YES 🗌	NO V
DIVISION OF VITAL REC AINER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "FEN BE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HALL HATHE STATE DEPARTMENT OF HALL LAND, 21201 PRIOR TO BURIAL, CR		210 EXTERNAL CAUSE WA	HOUR	OF INJURY	YEAR 21c. HOW IN.	JURY OCCURRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR P.	PART 2)	
SION SHOP	MEDICAL	CONTRIBUTING CAUSE 216 INJURY OCCURRED		P.M. TE OF INJURY (ATHO	9 ME, 211. LOCATIO	12		E		
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIF PAGE 4 SHOULD BE FORWARDED FOR FUNEAR LO INECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P	AE	WHILE NOT WHILE	CABLES	FACTORY, FARM, ETC.)	STREET		CITY OR TOWN	CC	OUNTY	STATE
E, WARWA		AT WORK				7 [
AND THE AND TH		220 1 certify that 1 took o					(X. Inquiry	, ond in my o	pinion	
CAMPEC SETTING BE WITH VRYL		, death resulted from:	Natural sauses XXI.	Accident L.		Homicide . L	Indetermined manne	· L.		
MAN WAR		ACTUAL SIGNATURE	TIMA	0			MEDICAL EXAMINE	DATE R SIGN	LED Δ/	14/82
DECA SHE THE THE SHE SHE SHE SHE SHE SHE SHE SHE SHE S	-	01					THE BICAL LANGING	31014		
A D S E S S S S S S S S S S S S S S S S S		EXAMINER'S NAME (TYPE OR PRINT)	Hormez R.	Guard M.D	ADDRE	ESS 111 PC	nn Street	. Balto.	MD 2120	01
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080_BP	24 51	JUST 121	4-19-8	2 Balt	o, CENOCHE	270. DATE REC	DRKIMO	Sb. REGISTRAR'S	Ma	,
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Feb. 18 - 3-11 42 = N.C. 26.5. Md. Bereinoge & HANN Pont Se. Lucken S. Rennick Chalconine Walls 2394688332 Betweening Tiller Hill Miller Sers No.

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PRESEN CHENCHE



1721 N. MONROE ST.

PHILLIPS

FOR - STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2h HOUR

NO F

STATE

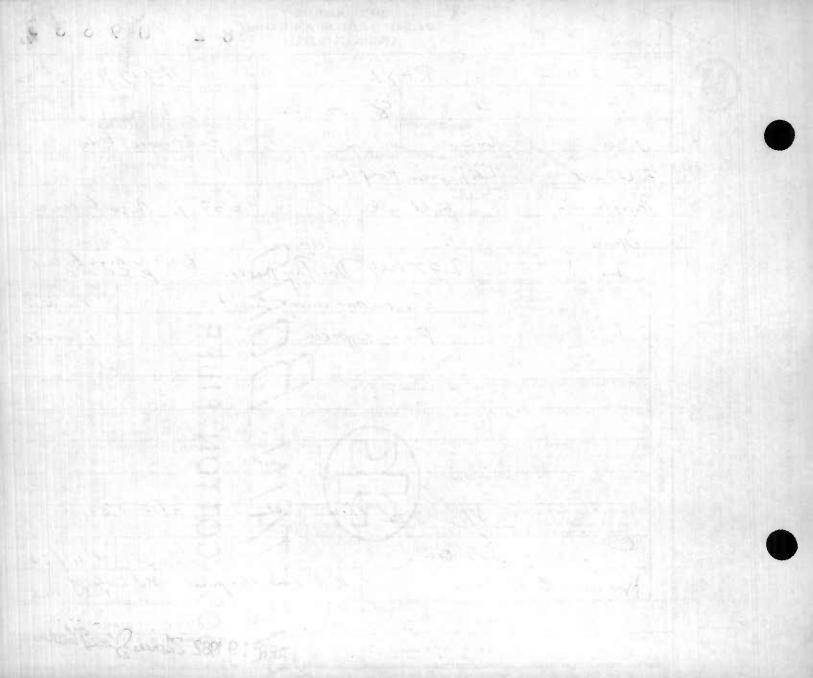
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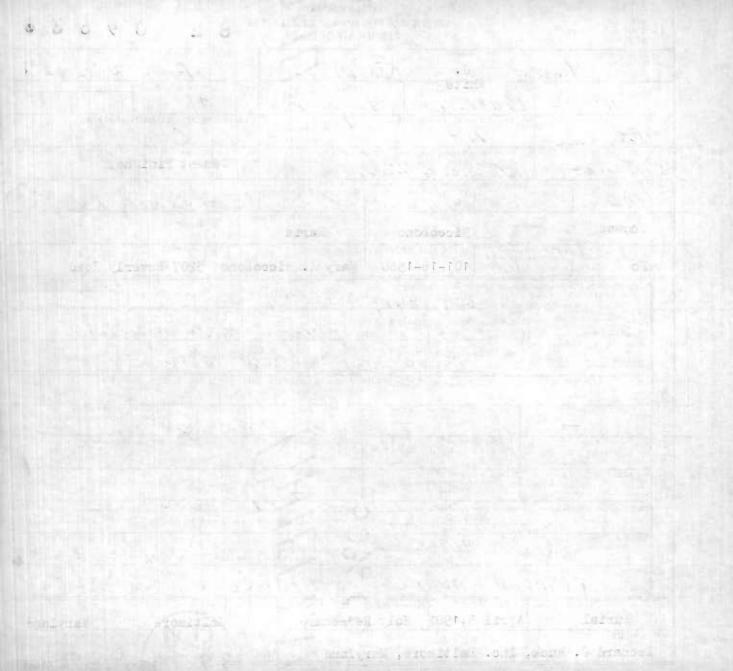
1	1.	FOR - STATE REGISTRAR	DE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 5 3 5								
	(119)	CEASED NAME FIRST		RHYN.	ES		4/17/8	NEAR 2b. HOU	an			
	1) SE	F	4. RACE	5. DATE O	P BIRTH DAY YEAR 22 22	6 AGE (IN YEARS LAST BI	9 YRS MONTHS	DAYS HOURS	MIN.			
9		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	emore E	Ly	MD.			
6	10 C	Elfinare	11. NAME OF HOSPITAL, N (IF NOT A SUCH EACHITY, GIVE	OURSING HOME O ESTREET ADDRESS)	rother institution	(TYPE OF WORK FOR MOST		KIND OF BUSINE USTRY	SS OR			
5	lla i	AL JESIDENCE (IF NURSING HOME OR 13b. COUN			13d. INSIDE CITY LIMITS?	138 STREET ADDRESS	1- Augus	fa auc	٥,			
C	14.F	DANI J	MIDDLE CON	si ler	15 MOTHER'S MAIDEN NA	MIDDLE	Patt	erson				
		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA E WAR OR DATES) 219	22/069	Dorothy D.	XO9.	Prot	un fa Cue	1			
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTIN	Grain H	Apokla NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN P	/ wee	(C'			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C.					
7	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IF ETHER, NOTIFY MEDICAL EXAMINER, 21d INJURY OCCURRED WHILE AT WORK ALWORK		19	211 LOCATION STREET		RY IN ITEM 18 PART T OR P	ART 2)	JATE			
		220. I certify that (I) (this haspit saw the deceased alive on above, (I) (we) (did) (did not 17th. CTONALURE 1224. PHYSICIAN'S NAME (TYPE OF MANN TYPE OF MANN T	view the body after death.	19 82 , on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death accurred on the d MEDICAL STA DIRECTOR PHYSIC Hospital.	ote and hour and tro	2, that (I) (wom the couses standard of 17 8	,			
	23a 6	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 4/22/82		emetery or crematory ore Cem.	23d LOCATION CITY OR TOWN Baltimo	ore, Maryl	and,	an			

DHMH - 16 50M 1/81 (VRA 15, 4)

Wm C. March F/H 1101 E. North Ave.

APR 19 1982 PRINCES





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	REGISTRAR				ICATE OF DEATH	0	REG. NO.	0 ,	•	
L	DECEASED NAME	FIRST	MIDDLE	2	AST	2a. DATE OF	DEATH MON	TH DAY		b HOUR
-		1ary	H.		chards	1 105	4	+ 9	82	
13	Female		Black	5. DATE C	DAY YEAR		EARS LAST BIRTHDAY	MONTH		HOURS
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35	COUNTRY) MO	- 13	U.S. A.	MARRIE	D NEVER MARRIED DIVORCED	10 11	imore	0. 1	-4	
1	CITY OR TOWN OF DEA		AME OF HOSPITAL,	NURSING HOME C	OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WOR		. KIND OF B	BUSINE
-	Baltimore		1326 E.		ring Lane				DOSTRI	
	h	136 COUNTY	13E CITY C		134 INSIDE CITY LIMITS				- 75	
14	FATHER'S NAME		16341	timore	YES NO	NAME	16 8.	Colg	. Spri	ng
300	William	MIDDLE		AST TO A ST	FIRST	147/11	WIDDIE	0	LAST	. 1
9 16	WAS DECEASED EVER I	N U.S. ARMED F	ORCES? 166 SOCIA	JING SECURITY NO.	17 INFORMANT		ADDRESS	Pe	mbe	4.4
7/	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR (7-2805A	Geraldine	Carter	1326	E. Co	12.500	rine
9	18 CAUSE OF DEATH	Enter anly ane							APPROXIMA BETWEEN ONS	_
in the same	PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAU	USE (a) Rena	1 Failur	E + 1.481	failuro				
Offic	4039		UE TO, OR AS A CON	SEQUENCE OF				301		
E O O	Conditions if any,	which (ertonsin	n				237/2	
+	gave rise to imm cause (a), stating	.1	11							
9			UE TO, OR AS A CON	ISEQUENCE OF						
or othe	underlying cause		(c)	ISEOUENCE OF						
ury, or othe	underlying cause PART 2 OTHER SIGN	last	(c)		NOT RELATED TO THE TI	ERMINAL DISEASI	e or condition	ON GIVEN IN	PART 11a	
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M	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 Z O	9 6 3 8
		CEASED NAME FIRST	WIDDIE	2 LAST Rickends	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deol	3 SE	NORM	7 A W (.	KICHERds	4-6	- 82 A
rs off	3 SE	Male	White	5. DATE OF BIRTH MONTH 1, 1928 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 53 YRS	MONINS DAYS HOURS N
72 hou	A	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
or the fun	10. C	ortown of DEATH Baltimore		WIDOWED DIVORCED DIVORCED	Baltimon 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I BUS Driven	Th. KIND OF BUSINESS
Filled on bould be ful	USU 13p		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1611 Olive St.	
ond 2 sho	14. F/	ATHER'S NAME Norman L	ervy Ricken	15. MOTHER'S MAIDEN NA	AME	LAST
0 -		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	2 Ann Me	ckel
pers. Pages 1 31. the medical	- (YES, YOUR UNKNOWN) UF YES, GI	2 215-24-	8618 Mas. Helen Ri	ckerds, Same as a	have
ed by the attending please remave carbo mial, cremation, ar re ar ather traumatic e		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	101	JENCE OF BLEKO		
Then to bu	NO	PNEUMOI	VIA	DEATH BUT NOT RELATED TO THE TERM	winal disease or condition Gi	VEN IN PART Train
if permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
Secrificate has burial-transit pe Mental Hygiene or Item 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	AIN .	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART ?)
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for use of Healt		saw the deceased alive an	ntal) attended the deceased from	2/24, 19 (2), 19 (2), and that in (my) (aur) aprinian	death accurred an the date and ha	19
JERAL DIRECTOR detached State Dept.		22b. SIGNATURE	Felde		MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
should be deta with the State		LARRY	PELDIM.	220 ADDRESS 301 57	PAUL ST B	Es, mo,
F 2 2 4	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1:1 8 1082 4	NAME OF CEMEJERY OR CREMATORY Cedar Hill Cemeter	X 33 LOCATION 1 TOYE,	Manyland STATI
- 16 50M 1/B1 /RA 15, 4)		of willy Funeral	Home, 130 E. Fort		TE REC'D. BY REGISTRAR 755 REGIS	TR A SIGNATURA

1 Tems #2300230 FILM 4300 4/13/02 PCSTATE OF MARYLAND

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MPORTANT: If them 21 is marked ar Item 18 shaws ony

FOR STATE DEPARTMENT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2

0 9 6 3

	REGISTRAR		CERTIF	ICATE OF DEA	ATH	REG. NO	0 1			
	PECEASED NAME FIRST	WIDDLE		LAST				DAY YEAR	26 HOUR	
1	Doroth	у Мае	Rich	ardson		April	2	0, 1982	8:48a M	
3. S	EX	4 RACE	5 DATE O			6. AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
F	Female .	Black	MONT	9	36	45	YRS	MONTHS DAYS	HOURS MIN.	
36	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8		PRIED X	9 BALTIMORE CITY O		OF DEATH		
PH	COUNTRY)	USA	WIDOWI	D NEVER MAI	RCED	Ba	ltimo	re City	MD	
	Baltimore	11. NAME OF HOSPITAL, I	NURSING HOME	OR OTHER INSTITU		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON	126 KIND C	PF BUSINESS OR	
Jest	UAL RESIDENCE (IF NURSING HOME OF			Ospitai						
13a	Md.		RTOWN	13d INSIDE CITY YES X N	LIMITS?	4724 Wake	fiel	d Rd.		
14. F	FATHER'S NAME FIRST	MIDDLE LA	AST	15 MOTHER'S M		WIDDLE		I, IAS	ī	
l ốa	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT Tracey		chardson 4724 Wakefield				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Aplastic Anemia DUE TO, OR AS A CONSEQUENCE OF Probable systemic lupus erythematosis DUE TO, OR AS A CONSEQUENCE OF Procumonia Left Upper Lobe									
CERTIFICATION	PART 2. OTHER SIGNIFICANT (10.7	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-		TH DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	1			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	220 I certify that in (this hasping sow the deceased alive on above (A (we) (did) (A)	April 20 The view the body after death	from April 19 82 or	nd that in (my) (Xapınion de	_, toApril	20 ite and hou		that (h (we) lost couses stated	
	206. SIGNATURE	ency m			ENDING	MEDICAL STAF		22c. DATE	SIGNED	
	Joseph Gane		c/O Maryland General Hospital							

DHMH - 16 50M 1/B1 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial
24 FUNERAL DIRECTOR

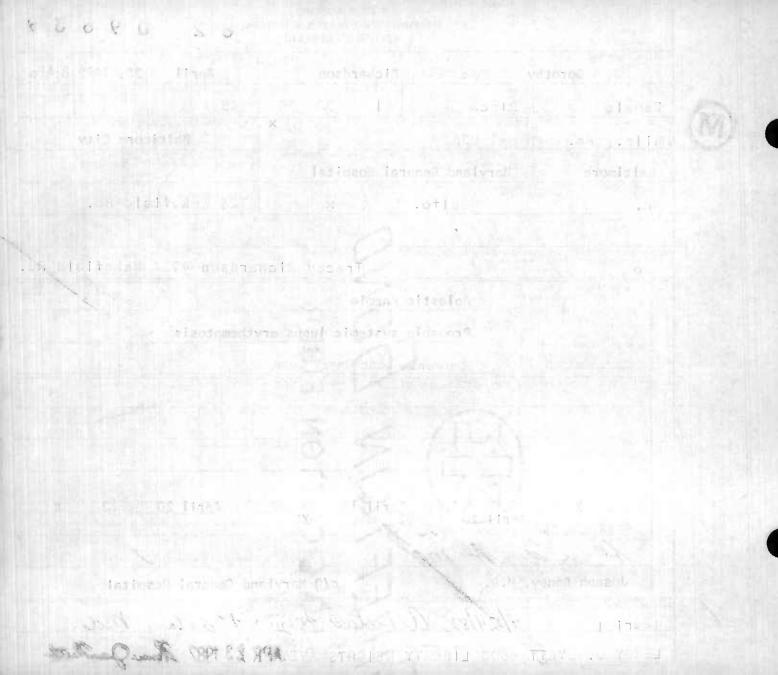
234 NAME OF CEMETERY OR CREMATORY 23d LOC Arbutus Mem. 23d LOC

Balta, Mid

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE APR 23 1987



injury, or other troumotic

Item 18 shows ony

MPORTANT: If Hem 21 is

0	Ľ	FOR - STATE REGISTRAR		DEPARTMENT OF CERTIF	TE OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8 2	0 9	6	40
/		CEASED NAME FIRST OR PRINT)	MIDDLE	R	ICHBHPG	20 DATE OF DEATH	MONTH DAY	SZ.	26 HOUR 7:32A
	3. SE	ř F	4 RACE	S. DATE		6 AGE IN HARLIAST BIR	YRS	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	S	IRTHPLACE (STATE OR FOREIGN COUNTRY) OUTH CAROLINA ITY OR TOWN OF DEATH	76. CITIZEN OF WHA	7 MARRIE WIDOW	-	BANTIMO OCCUPATION	RE C	MY	MD.
L	1	BARTAMORE	(IF NOT IN SUCH FAC	ERAN		(TYPE OF WORK FOR MOST O		DUSTRY	BUSINESS OR
3	130. S	ALRESIDENCE (IF NURSING HOME OF STATE 13b. COUN		BY OR TOWN SHUTIMOKE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	LAFAYE	772.	AUE.
2		ABEE		RICHBERG	15. MOTHER'S MAIDEN NA ETHEL	WIDDLE		JKNOW!	N
/	16a V	VAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) (IF YES, GIV	E WAR OR DATES!	94-22-3931	ROBERT RICH	ADDRE HBURG 1321	ss W. LAFA	YETT	E AVE.
	NO	PART I. DEATH WAS CAUSE IMMEDIAT JOD Conditions, if any, which gave rise to immediate cause (o), storing the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTR	a CONSEQUENCE OF	CUTE MY 6 CA			PART Ita	
9	CERTIFICATION	190 DATE OF OPERATION	7//	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	E FINDING	GS USED OF DEATH?
7	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	RPART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY ACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WH CO	DUNTY	STATE
		220 I certify that (1) (this hose sow the deceased alive an area. 22b. SIGNATURE	4/19	19 82	nd that in (my) (our) opinion of DEGREE		2		
/		174 PHYSICIAN NAME (1179)		I GELIN	ATTENDING PHYSICIAN [MEDICAL STAF			
		BURTAL	23b. DATE 4-23-82	23C NAME OF C	EMETERY OR CREMATORY	IT CROWNSV	ILLE COU	"MAR	/LANDE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
E. L. PHILLIPS 1721 N. MONROEST.

APR 26 1982 Theres Gen Wathen

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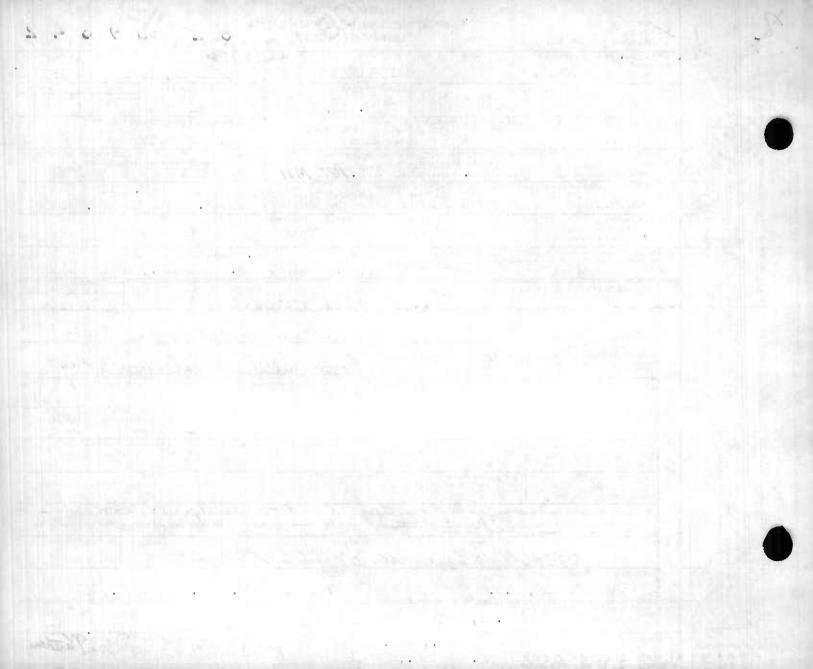
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

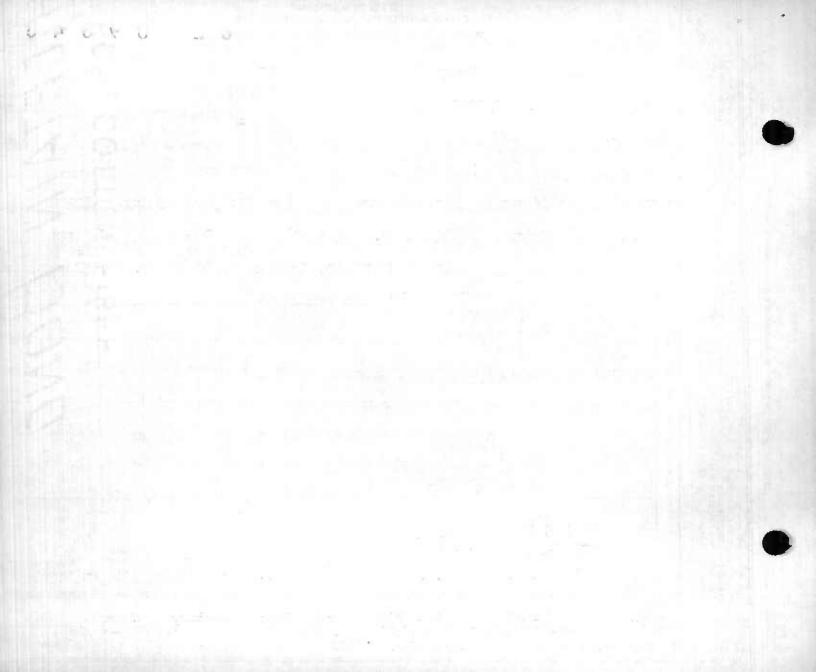
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

CHARLE A LAGA P PROUNT A BARL DE BALLET A LA LA LA PROPERTIE DE LA CONTRACTOR DE L The second test and second second second LANGE OF THE COURSE OF THE STATE OF THE STAT



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-1,082 DEATH MATED Lawrence Henry 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 2:02F white male 12/21/1965 16 76. CITIZEN OF WHAT COUNTRY? Je BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK Baltimore Student 3. RETAIN PA University Hospital 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Randallstown YES . NO 10 3700 Burmont Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 LAST Linda Bertha Riley. Jr. Clagett Lawrence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Randallstown. ADDRESS Md Mr. Laurence H. Riley, Jr. 3700 Burmont 212-98-6937 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Traumatic cerebral hemorrhage IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A 1THE STATE DEPARTMENT OF HEA TAND, 21201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (HO.)YESX X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X.M. MONTH DAY YEAR UNDERLYING OR
CONTRIBUTING CAUSE OF DEATH 1982 driver of a trail bike/overturned 71f LOCATION 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 S HAULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARXIGND, 21201 P AT WORK AT NOT WHILE oval trail rear/2837RidgeRoad, Woodlawn. 22a I certify that I took charge of the remains described above, held an Suicide . death resulted from: Accident XX Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street.Balto.MD 21201 TYPE OR PRINT 238 LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 4/6/82 Lake View Memorial Park Eldersburg Carroll Ma 24 FUNERAL DIRECTOR 8728 Liberty Rd. Randalls Loring Byers Funeral Directors, Inc. Randallstown, Md 250. DATE REC'D. BY REGISTRAR DHMH-17 wither (VR A15 ME (5)) 15M 2/80



1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

(VRA 15.4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1			STAT	E OF MARYLAND			
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		REGISTRAR			ICATE OF DEATH	REG. N	0. 0 9	0 4 2
m.f		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
y be			ILLIE M.	RI	TER	April 16,	1982	7.30 FN
E 6	3. SE	X	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS MIN.
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a. (38/4)	In B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DE	ATH
# W		Maryland	USA	WIDOWI			e City	MD
er d	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b.	KIND OF BUSINESS OR
O Soft		Baltimore			ng Center	Homema		Dwn Home
MARYLAND 2120 ted within 24 hours ond 2 should be fill experime (must be a	UsU.		E OR OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)		lia conservanances		
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NG PHYSICIAN: The low requires that the death certificated in physicion. Iter this certificate has been signed by the ottending post the buriol-transit permit. Then please remove corbon, the and Mental Hygiene prior to buriol, cremation, or remorked or them 18 shows any injury, or other troumatic events.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CO	Her	ivela	mige	nevel	2-10y
ecorbs, 2c ow requires been signec rmit. Then pli prior to burian ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTION FOR			MINAL DISEASE OR CON	20b. IF YES, WERE	PART 1(0) E FINDINGS USED CAUSES OF DEATH?
ALR he he hos	E					YES NO X	YES 🗍	NO [
SICIAN: TI ag physici certificote entol tronsis entol Hygi		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)
IVISION IG PHYS ottendin ter this c s the bun ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		21f LOCATION STREET	CITY OR TO	wn co	OUNTY STATE
TENDI (tol or OR: A or use f Heol		sow the deceased alive	ospital) attended the deceased	1903	nd that in (my) (out opinion	, to 4/16 n death occurred on the de	19 gote and hour and f	, that (I) (we) lost rom the couses stated
hospi IRECT hed fe ept. o		22b. SIGNATURE	A T		DEGMEE , A	1	22	C. DATE SIGNED
the Day		home	- Ptal	eema	A ATTENDING	MEDICAL STATE		4-19-82
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shoul with the	23n 1	SURIAL, CREMATION, REMOV			M.D. 11 V EMETERY OR CREMATORY		, Balto.	, Ma.
0000p	1.54	SPECIFY) Burial	4/19/82	Loudor		CITY OR TOWN	COUN	ITY STATE
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DHMH-16 30M 2/80 (VRA 15, 4)		NAME York Ros	nry W. Jenkij ad Balto., N	ns. & Sor Nd. 212	12 API		ances &	Man of

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Ö	HOSPITAL bined by the FUNERAL loud be deten the Stote ookTANE. If	22d. PHYSIC	IAN'S NAME (TYPE OR	. /	· ()	8	22e ADDRESS		TA -000	Jano 2	15
A	0 g 0 d s x	Jar	nes W.	JOUN			Johns Hopk	ins thosp 6	00 N. W.	olle -	1203
SE		230 BURIAL, CREA	MATION, REMOVAL	73b DATE			METERY OR CREMATORY	23d LOCATION	are Choin	my/ c	STATE
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FOR,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.
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		OR PRINT)	PIRST PLTER		L A	POBE	AST EY		2a. DATE O	FDEATH	MONTH PR.		-	3.2	IR PM
	3. SE)	MALE	4.	RACE Cas	·L·	5. DATE O	DAY	1905		6. AGE (IN YEARS LAST BIRTHDAY)				IF UNDER	MIN.
1	- (RTHPLACE (STATE OR FOUNTRY) TVland	FOREIGN 7b	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED [Baltimore City					MD	
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	13a. S M	aryland	136 COUNTY		Baltimor	N	YES 💢	CITY LIMITS?		ADDRESS 42nd	Stree	et			
		ohn Andrex	Robey	DOLE	LAST		Della Della	S MAIDEN NA	eal	MIDDLE		- 1	LAST		
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME		215 05 99		Mrs.	Edna I	Robey	1353		2nd S	gred	et	
		Conditions, if ony, gove rise to imm cause (o), stofin underlying couse	mediate ng the lost.	DUE TO, O (b) DUE TO, O (c)	r as a Conseque	NCE OF	A OI	RY HRI BLI D TO THE TERM	ADDE				RT I(o)		
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	MEDI	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	HILE [7]	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		21f LOCAT			CITY OR TO	wn	COUN	TY	s	STATE
		22a I certify that (I) saw the decease above, (I) (we) (c	ed olive on	Apr.	7, 19 8	2,01) (our) opinion	deoth occurre	ed on the do	ote and ha	, 19 A		ot (1) (s	, , , , , ,
		22b. SIGNATURE	N. C			14	DEGREE		MEDICAL DIRECTOR			226.1	DATE S	IGNED	
		22d PHYSICIAN'S NA	Ne L			5.	GOC	ss od Sama:	ritan H	Hospit	al				
	23a B	URIAL CREMATION	REMOVAL	23h DATE	73c N	AME OF C	EMETERYOR	CREMATORY	23d LOC	ATION					

IMPORTANT: If Hem 21 is marked or Item 18 shows

DHMH-16 30M 2/80 (VRA 15, 4)

Burial

12 Apr 1982 Good Shepherd Cemetery Ellicott

24 FUNERAL DIRECTOR Burgee Funeral Home, Baltimore, Maryland

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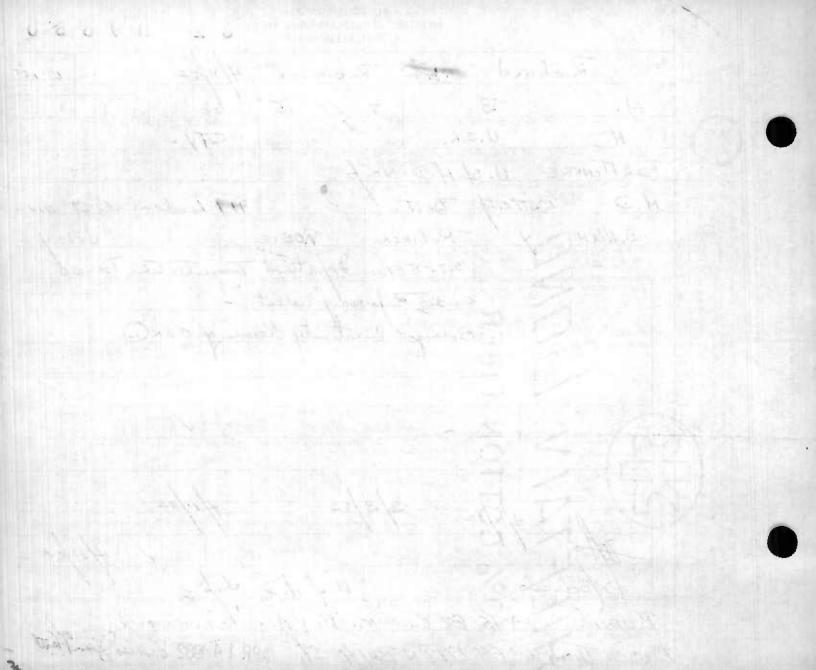
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		FOR STATE REGISTRAR			TMENT OF H	E OF MARYLA EALTH AND N ICATE OF D	TENTAL HYGI	REG. NO		9 6	4 9
		CASED NAME FRST		WIDDLE	R 0 B1	NSON		April 21,		AÝ YEAR	6:25
71	SEX	Male	RACE Bla		5 DATE O		YEAR 18	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24
M	C	OUNTRY) N C	USA	WHAT COUNTRY	MARRIE	CKF	ORCED	9 BALTIMORE CITY O Baltimor	e City	/	
18		Saltimore	(IF NOT IN SUIT	HOSPITAL, NURS CHEACILITY, GIVE STRE Tand Gen	eral H	ospital	ITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O		12b. KIND C INDUSTRY	F BUSINES
135 H	SUA 30 S	L RESIDENCE (IF NURSING HOME OF TATE 13% COU!		GIVE RESIDENCE BEFO 13c. CITY OR TO Balto.		13d INSIDE CI	TY LIMITS?	13e. STREET ADDRESS 1618 Druid	Hill	Avenue	
N Cana	FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAM			LAS	
16 ledical		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAN	NT	ADDRE	SS		
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ed or frem 18 s		21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.	OF INJURY .M. MONTH .M. OF INJURY (REET, FACTORY, OFFICE	19	216 HOW INJ		ED (ENTER NATURE OF INJUR		RT 1 OR PART 2)	51
IMPORTANT: If Item 21 is market		220 I certify that (\$\frac{1}{2}\$\text{(this hasp:} \\ \text{saw the deceased alive an obave, (\$\frac{1}{2}\$\text{(work)} \text{(did)} \text{(decess)} \\ 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEC)	April and book	2] patterfdeath, 19.	82	DEGREE AT P 22e. ADDRESS	aur) apinian d	April eath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	F IAN 🔀	22c DATE	
_ ["	(5	JRIAL, CREMATION, REMOVAL REMOVAL		230	. NAME OF C	EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	51
В		NERAL DIRECTOR NAME atomy Board		Balto.,	Md.			REC'D. BY REGISTRAR	Pane,	P'S SIG	URE

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-), SE	H.	RACE 3.	5. DATE O		6. ACT INVANSIAST BE	YRS IF UNDE	RIYEAR IF UNDER 24	MIN,
B	5	THILACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	WE
38	10 C	3A TINORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVENT)	SING HOME C	1	120 USUAL COLUPATION		KIND OF BUSINESS	S OR
35	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	ITY 13c CITY OR TO		134 INSID CITY LIMITS?	13e STREET ADDRESS	lenhal	1 St 21	1
300	14 FA	THER'S NAME	MIDDLE	hoson	15 MOTHER'S MAIDEN NA	WIDDLE		JENEY	
la de	6a V	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 2/7-0		17 INFORMANT	Pagentie	stion T:	deard -	
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an (207)	-	2] a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE FARM, EIC	ZIE LOCATION	city pé tov	(00	MAY STAT	T.
21 18 min		22a 1 certify that (b) (this hospit sow the decepted alive an obove, (l) (w) (idid) (did no		3/3	that is (my) (our) apinion	- 1/ /	te and hour and to	am the couses state	
tt. # her		22b. SIGNATURY	11		DEGREE ATTENDING PHYSICIAN [MEDICAL STAP	F /	HILLO	-
MORTAN		22d. PHYSICIAN'S NAME (TYPE O	0		U. L. J.	Abole -	/	/	
5	23a B	URIAL, CREMATION REMOVAL	23b. DATE 23 4-15-82	ROW N	SUINCE 1/. PA	23d. LOCATION TOWN	NSEN/R	Y N	76
291	BI	NERAL DIRECTOR NAME ZOWN-Thomps	on F.H. 1913	W. RA	140, 54, DAT	PR 1 4 1982		AGNATURA MET	1



25 07 4597 Durini 4/18/52 Jedur Hill Jamesery Brooklyn A.A. and. Weares . donce 4001 Rischie Hewy - STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH MONTH April 6, 1982

A AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

12h KIND OF BUSINESS OR

2667 Lauretta Ave

Jordan

ADDRESS

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO W YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2]

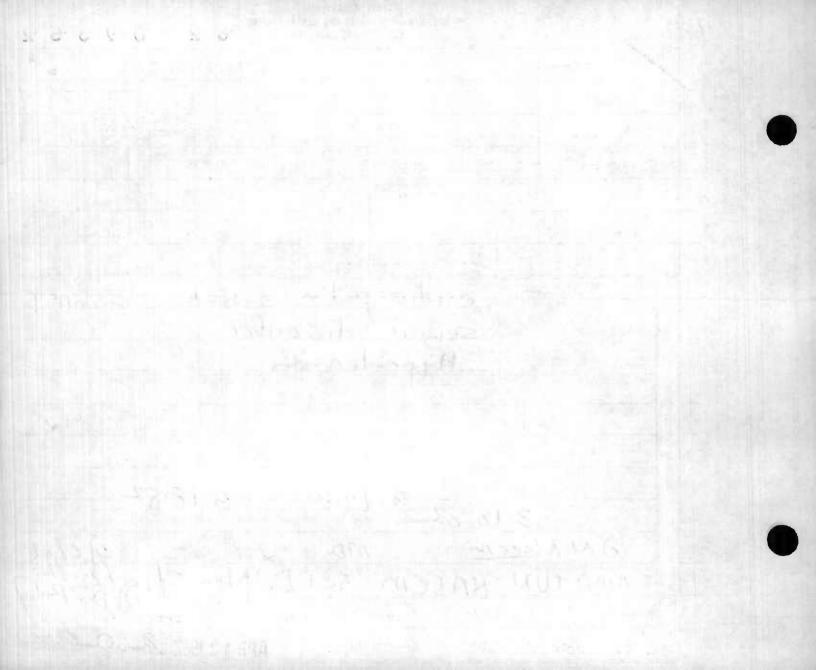
COUNTY

and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNE

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)



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		STATE REGISTRAR				ICATE OF DEATH	8 Z	10.	90	5 0
		CEASED NAME	IRST MI	DDLE		AST	2a DATE OF DEATH	MONTH	OAY YEAR	26. HOUR
			BABY BOY		ROL	LINS		3 -	14 - 82	2 ^
周)	3. SE		4 RACE		5. DATE (DF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BE	RTHDAYJ	MONTHS DATS	HOURS MIN.
35		male	Negr		3	- 2 - 82		YRS	12	
\$35		RTHPLACE (STATE OR FORE COUNTRY) rederick	USA	'HAT COUN'	TRY? 8. MARRIE WIDOWI	D NEVER MARRIED A	Baltimore City		OFFICE	WE
Opplied O	1	ity or town of death Baltimore	St. Agr	racility, give s	spital	DR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS OR
must be	USU 13a	AL RESIDENCE (IF NOR STATE Md.	COUNTY Frederick	3c. CITY OR	BEFORE ADMISSION) TOWN erick	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3 Taney	Apts.		
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-		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	6b SOCIAL	SECURITY NO.	17 INFORMANT	ADDR			
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mit. Then please rer prior to buriol, crem ony injury, or other	MOLL			NTRIBUTING	PENELS TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	TALVES AINAL DISEASE OR CON 200 AUTOPSY?	IDITION GI	VEN IN PART 10	
	CERTIFICATION				HICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTI	IFYING CAUSES	S OF DEATH?
entol-tronsit pe		21g. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL)	SE OF DEATH HOUR A.M		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)	
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RAL DIRECTOR of the Control of the C		Inelle	em & He	chen		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN A	22c. DATE	15/82
should be det with the Stote IMPORTANT:			Am I H			220. ADDRESS St ag	nes Hog	pita	l	
- a > <u><</u>		BURIAL, CREMATION, REA	5/7,	/82	New Ca	emetery or crematory bhedral Cem	Balto.	514	MANA	STATE
-16 30M 2/80 (RA 15, 4)	24. F	UNERAL DIRECTOR NAME Witzke Fune	1630 Edmond	.A.	e., Cat 21228	onsville 250 DAT	EREC'D. BY REGISTRAF		TRANSTIGNAT	Narthen

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Mi:chael 23 1982 Roman 4 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 4. RACE 5 DATE OF BIRTH IE UNDER 24 HRS 24 HOUR 20 DATE LAST BIRTHDAY PRONOUNCED DEAD NO THE FUNERAL DIE N PAGE 5 FOR YOU BE FILED, WITHIN 72 PS, 201 W. PRESTON Male Feb. 1 1909 PM White 73 1982 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Italy WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) AND 3 TO 1. RETAIN PA Baltimore Salesman & Parts Mgr. Frankford & Knell Ret. SHOULD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt. 21206 BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 30. STATE 136 COUNTY 13c. CITY OR TOWN Baltimore 5104 Plainfield Ave. Maryland YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV MIDDLE MIDDLE LAST Maryann Roman Anthony 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 66. WAS DECEASED EVER IN U.S. ARMED FORCES? BURIAL - TRANSIT PERMIT. PAGES I AND MENTAL HYGIENE, DIVISION ATION, OR REMOVAL. (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 5104 Plainfield 171-01-9675 Elizabeth A. Roman APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arterioscierotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A E CERTIFICATION USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FLUMERAL DIRECTOR: PAGE 3 SHOULD BE USED THE STATE DEARTH, WITH THE STATE DEPARTMENT OF HE BAULIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES V. NO 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took A the remains described above; held and in my apinian death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER 4/23/82 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Gardens of Faith 1982 Burial Apr 26 250. DATE REC'D. BY REGISTRAR 256. REGIS 7. 5. 5. 24. FUNERAL DIRECTOR **DHMH-17** Baltimore, Maryland Leonard J. Ruck. Inc. (VR A15 ME (5)) 15M 2/80

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attending physician

etoined by the hospital

ATTENDING PHYSICIAN:

certificate be executed within 24 hours after death. Page 4 may be

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1	1	- STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	8 2	0965
K		ECEASED NAME FIRST	1000	MIDDLE		LAST	REG. N	MONTH DAY YEAR 26 HOUR
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~		Male	Wh:	ite	Sep	t. 18, 1904	77	YRS.
1	I	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED		OR COUNTY OF DEATH
3	E	Baltimore	City	Hospital	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Guard	
35	Ma		or other institution JNTY imore	136 CITY OR TOW Essex	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 📆	13e STREET ADDRESS 212 Helen:	a Road 21221
36	14 F,	ATHER'S NAME FIRST Cal	vin Rom	ig		15. MOTHER'S MAIDEN NA	Anna P	LAST
dicol	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	
E		NO (IF YES.	- OK DATES)	212 03 84	438	Hannah Romis	Sam	е
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ows ony injury, or other troun	TIFICATION	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, CONDITIONS C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
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DHMH - 16 50M 1/81 (VRA 15, 4)

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. APR 19 1982 Chance

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DEPARTMENT	0.7	F	HE	Al	TH	AND	MEN

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	REG. NO.			

	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. NO.	7 5	- The Park
	ECEASED NAME FIRST	Amy Lynn Rose	ado -	LAST	20. DATE OF DEATH MONTH	H OAY YEAR	26 HOUR
	BAR	y GIRL	SM	WITH	04	06 82	TON
3 SI	EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	CAUC	MONTH O.3	45		IRS. O 16	HOURS MIN.
Zu. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	_ >	9 BALTIMORE CITY OR CO		
	MARYLAND	434	MARRIE		BALTIMORE	City	М
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPATION		OF BUSINESS OF
E	BALTIMORE	LINIVERSITY () F M	- 1/	FIMAL	IM + BD +	(ING LIFE) INDUSTRY	_
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	md (9 17 4 4	transto.			s St. Baltu	o.Md.
14 F	FATHER'S NAME FIRST	MIDOLE LAST		15. MOTHER'S MAIDEN NAM	ME	TA.	ST
	Adrian -	Rosad	0	CAROL	1.	Jmi	TH
		RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS		
	No	None		Mrs. (arol Ly	inn Rosado, Sam	e as above	e
	18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b),	, and (c			APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ATE CAUSE (D) Cardial	resarati	my arrest		m	mutt
	7/17						
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	1. 1	renal failure	, CNS dys fund	Aux 16	d
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	underlying couse lost.	DUE TO, OR AS A CONSEC	LUE HI	Al T brien	L presentation	16	d.
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Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	IO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITIO	N GIVEN IN PART II	0
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ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1214 HOW IN JURY OCCUPE	YES NO NO RED (ENTER NATURE OF INJURY IN ITE	YES OR DARK 2)	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	LICUID A M. MONITU	DAY YEAR	THE TOTAL MAJORY OCCORD	LEWISK MAIORE OF INJORT IN ITS	M 18 PART I OR PART 2)	
S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	MHILE NOT WHILE AT WORK						
	220.1 certify that (1) (this hosp	oital) attended the deceased from	m_3/	22 10 82	, to	19 82	that (I) (we) las
	sow the deceased alive or above, (1) (we) (did) (did no	n 4 / 6 19 ot) view the body after death.	9 3 5 , 01	nd that in (my) (our) opinion o	death occurred on the date on	d hour and from the	couses stated
	226 SIGNATURE .	n n		DEGREE		22c. DATE	SIGNED
	Loriaine 1	5. Jours Ti	nD	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN [14/7	192
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		- 11///	<i>U</i> -
	lorraine B	. Feiner		1			
230	BURIAL, CREMATION, REMOVAL		2. NIAME OF C	EMETERY OR CREMATORY	23d LOCATION		
230	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
	Burial	April 10, 1982	ylen	Haven Mem. Pan	b Glen Bunnie	AACON	hauland

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, th

Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

APR 8 1982 Theres Sent lather

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	STATE OF MARYLA
FOR	DED A DEMENT OF HEALTH AND A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	9	6	6	

		REGISTRAR			CERTIF	ICATE OF DEATH	Ö	8 4 U 9 0				
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	3 SE	Х	4 RACE		5. DATE O		6. AGE (INY	AR IF UNDER 24 HRS				
	FE	MALE	WHITE		APR	24 82			YRS.	ONTHS DAY	S HOURS MIN.	
<		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X	9. BALTIMO	MD.				
3	10 C	ALTIMORE	. (IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HOPKIN	IG HOME (OR OTHER INSTITUTION	12a USUAL (OCCUPATION FOR MOST OF			OF BUSINESS OR	
5	13a. S MA		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 131. CITY OR TOW MIDDLE F	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET A					
	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	MIDDLE			LAST	
C		PERRY		ROSEBRO	CK	ELIZABET	'H			MILL	ER	
2		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	S			
	NON	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (B)	(b)		Hya ENCE OF ME DEATH BUT	Prematur,	ty	DISE E OR CONDI			lio-	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTO			ING CAUSE	DINGS USED ES OF DEATH?	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY			21c HOW INJURY OCCURR	RED (ENTER NA	ED (ENTER NATURE OF INJURY IN ITEM 18, PAS				
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
		220. I certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	25 Mar	7 19		nd that in (my) (our) apinion (d on the dot		ond from th		
		Leurene	2 m.	Nogel		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		122c DA1	15/82	
		Lawrence		Noyee		Johns Ho	pkins	Hos	pital			
	0	BURIA CREMATION REMOVAL (PECIFY) WHAT JUNE J	23h. DAJE 4/25	5/82 23c N	Tohru.	EMETERY OR CREMATORY S HOPKINS 1250 DATI	BA EREC'D BY RI	LTIM	107C	COUNTY	Me.	

ADDRESS

DHMH - 16 50M 1/B1 (VRA 15, 4)

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6010 REISTERSTOWN RD., BALTO., MD 21215

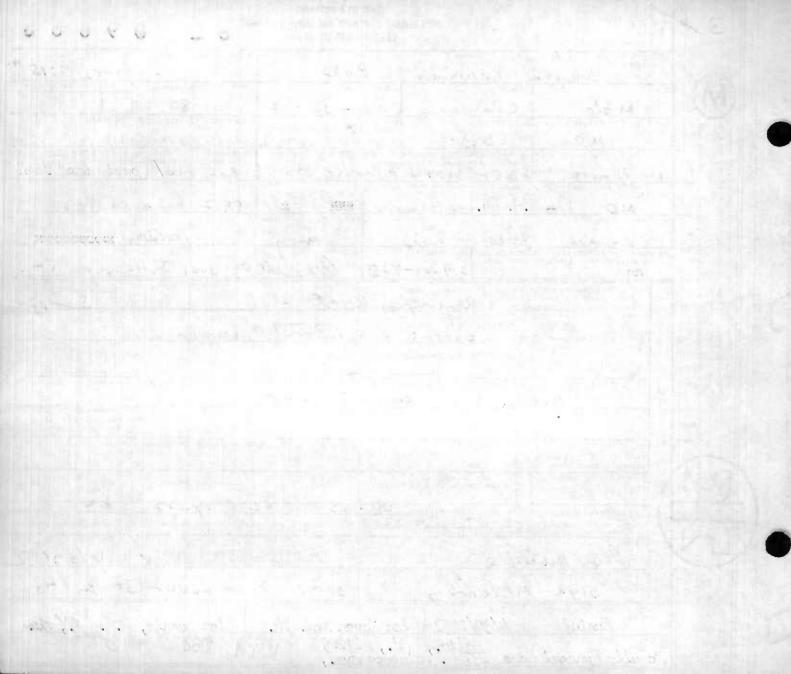
- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2000 147 2 MISSASTELOW FEEL 11/22 67

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS ROSS Alexander -27-8 Dard IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHOAY) IF UNGER 1 YEAR 3. SEX RACE 5 DATE OF BIRTH MONTH YEAR 80 -02 30 Male BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BEH 3001 5. Hanover Retired oakt Yuard Baltimare USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 131. CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? NO W C8 12 Ralti 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST annion dward Mary SCHOOLOGICAL CONTROL 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Bilateral P xtensive Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED b IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 09-12 220.1 certify that (1) (this haspital) attended the deceased from... sow the deceased alive on 64-27 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 226. SIGNATURE DEGREE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22a. ADDRESS d b 300 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73h DATE (SPECIEVE Glen Haven Mem. BP. Durial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY DHMH - 16 25M (VR A 15 (4)) 9/74 tuneral Home · Patapsco Ave.



1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

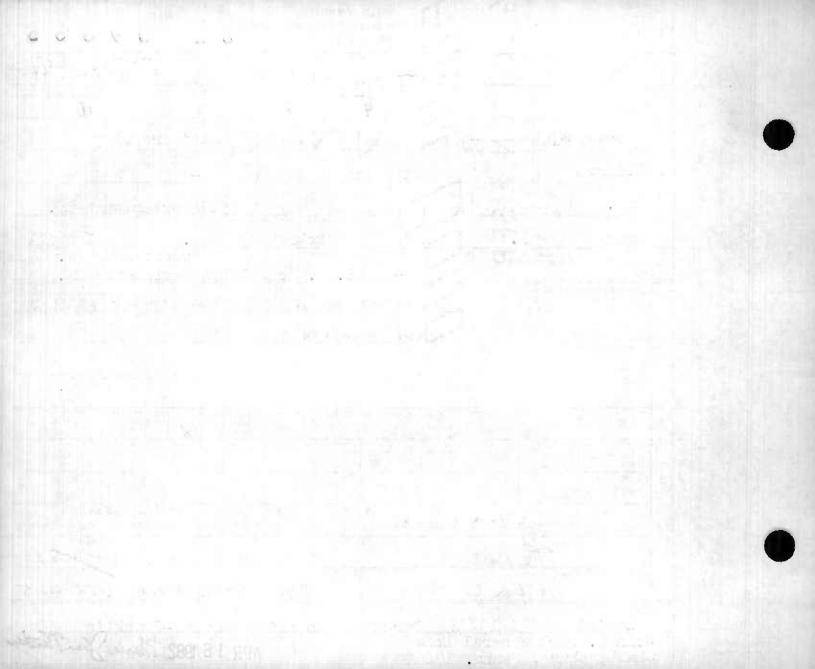
- STATE

(VR A 15 (4))

Wm. C. March F/H, Inc.

APR 18 192 March Var J Koren

	1.	FOR • STATE REGISTRAR	DEPAR		TH AND MENTAL HYG	8 2	0	9 6	6 5
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. I	MONTH I	A - 8 & AR	2MHOUR 1 T
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0 0 0	3 SE	X	4 RACE	5 DATE OF B	1RIH 82	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
7		Female	White	MONTH.	- / - 82		YRS	ONTHS DAYS	HOURS MIN
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by the filled with		altimore	11. NAME OF HOSPITAL, NURS	EET ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR
filled in thould be fi	¹³ aP		OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) OWN 134	INSIDE CITY LIMITS?	130 STREET ADDRESS		nount]	Rd.
See Land	14. F	Randy	R. RAST	oss Is	nother's maiden na Debra	MIDDLE		CTO	dhill
E - / -	160	VAS DECEASED EVER IN U.S. AR			INFORMANT	L.	ESS noo c		
S dic oge	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)						a. 1722
Erion Erion	-	no			R. R. Ross	15194 G	reenmo	The state of the s	
hysic pope ovol	33	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), DBY		MORT				ONSET AND DEATH
ng p bon rem		IMMEDIATE	E CAUSE (o)	RATORY	MKYCOI			10	days
th condition		1687	DUE TO, OR AS A CONSEC	DUENCE OF	1.1.110 . 4				9
ove		Conditions, if ony, which	((b) BIR	TH HSP	HYXIA				
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n signed Then ple to buric injury, o	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 10	
hos been prior ene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIE	CH OPERATION W	/AS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	IGS USED OF DEATH?
ding physicis secretificate buriol-transif Mental Hygir or Hem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21	c. HOW INJURY OCCUR		URY IN ITEM 18, PA	RT 1 OR PART 2)	
certicol viol -	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	I LOCATION		1.0	-11	
this he bund w	MEC	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO)WN	COUNTY	STATE
orke		AT WORK AT WORK							
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Spite CTO Thor of I		sow the deceased alive on above, (I) (we) (did) (did no	t) view the body ofter death.	82 , and th	not in (my) (our) opinion	death occurred on the	date and hour	and from the c	ouses stated
the ho at DIRE etoched te Dept f: If Hem		22b. SIGNATURE	Rowe	DEG	ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN W	221. DATES	SIGNED -8/Z
HOSPITAL ned by th FUNERAL uld be determine Stote ORTANT: I		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22	e. ADDRESS				
etoined by TO FUNERAL should be de with the Stort		PE:	TER C. ROL			HOPKINS H	OSPITAL	BALTO	21205
- F - 2 > -		BURIAL, CREMATION, REMOVAL	23b. DATE 23	c. NAME OF CEME	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		Burial	4/13/82 I	arklaw	as Memoria	al Garden	s-Frar	klin	Pa.
AH - 16 50M 1/76	24. F	JUNEOUS Park	Funeral Home	3	25a. DAT	E REC'D. BY REGISTRA	R 25b. RECUSTR	PAR'S SIGNATU	IRIT atten
(VR A 15 (4))		Chambersburg,				APK 10 196	32 Com	THO DA	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR L DECEASED NAME KNOWN [2a. DATE MONTH 75 HOUR TTYPE OR PRINTS ESTI-OF J. Willie DEATH MATED Ross 16 82 19 4. RACE S. DATE OF BIRTH 24 HOUR 1 SEX AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 24 DEAD Male 6 10 5 7/RS Black 16 19 82 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. SC WIDOWED DIVORCED Baltimore City 8. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE IT. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 638 Hoffman Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 638 W. Hoffman St. Baltimore YES [X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST MIDOLE LAST FIRST unkn unkn 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 249-32-3617 No Louise Williams 638 W. Hoffman St. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL THIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINES.

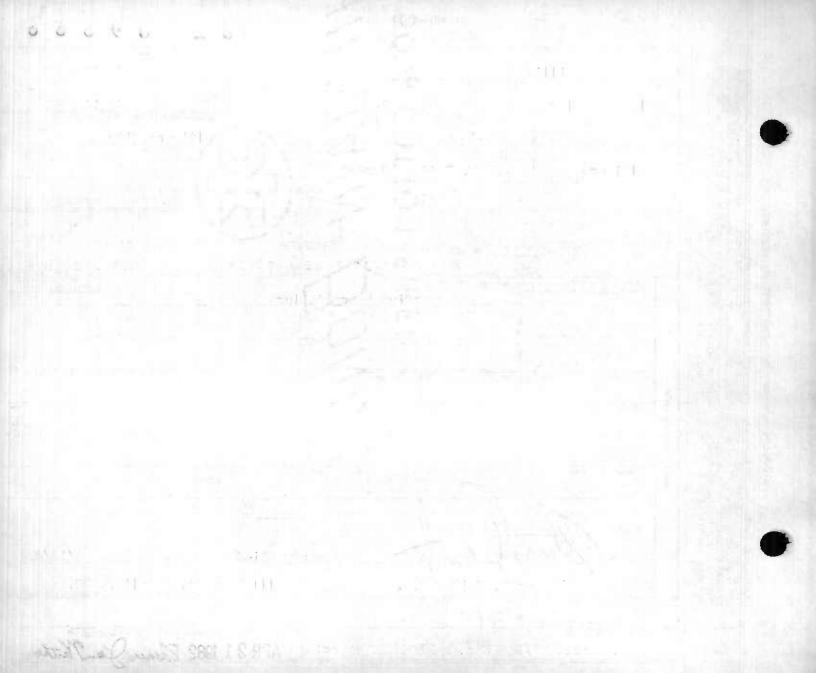
EXECUTE THE CERTIFICATE, WRITING THE WORD

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PAGE 4 SHOULD BE LOSS

AFTER DEATH, WITH THE STATE DEPARTMENT OF

BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL YES [] NO X 21g. EXTERNAL CAUSE WAS 715 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY CATHOME 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, STO STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK X charge at the refligion described above, held on Autopsy 22a L certify that I took Inspection Inquiry and in my opinion Homicide death resulted fram Janurol course Undetermined monner TITLE (SPECIFY) ACTUAL DATE 4/16/82 Deputy ChiefEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 730 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY MB Balto. 4/21/82 Zion Cem. Mt. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** C. March F/H, INc. 1101 E. North (VR A15 ME (5)) 15M 2/80

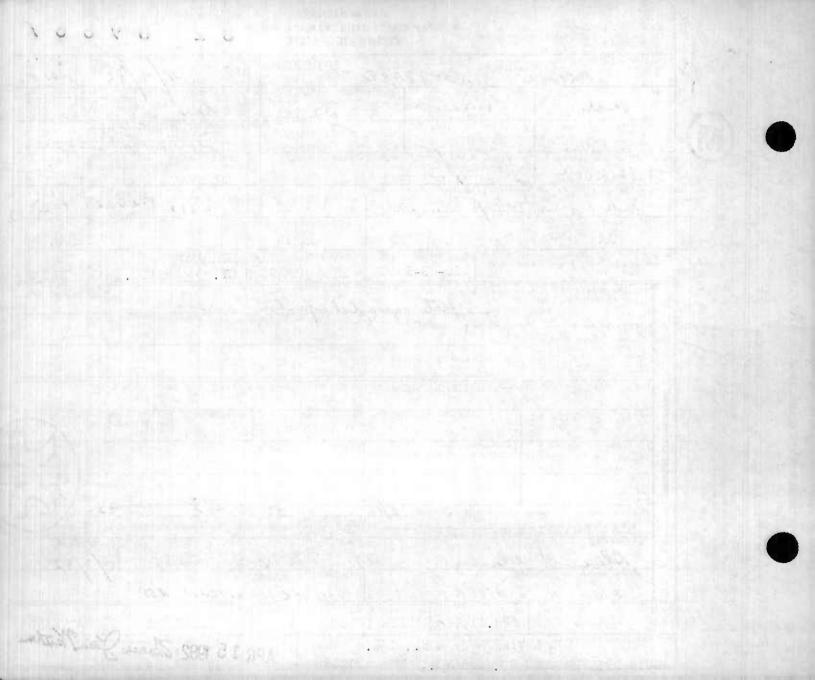


6010 REISTERSTOWN RD. BALTO. MD

- STATE

(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



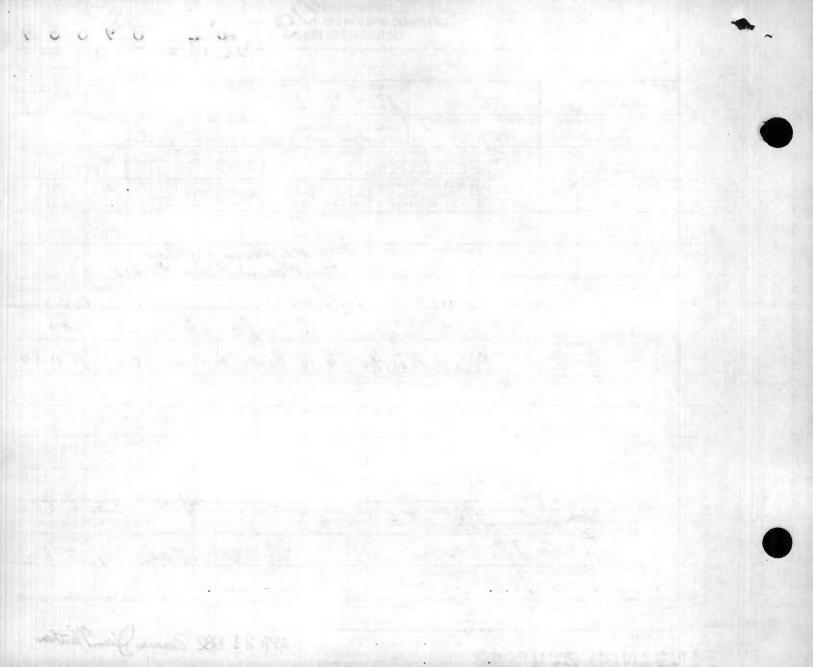
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1	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 6 6										
	1.00	REGISTRAR	MIDDLE	CERTI	IAST	& ZREG. NO		9					
- 2	(TYPE	OR PRINT) MARIQN	A	ROTT	IENBERGER	20. DATE OF DEATH	23	82 431 PM					
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maktta ompletely 1 and 2 sh	14. FA	THER'S NAME Dr. Marian	A. Bor	n LAST	15 MOTHER'S MAIDEN NA	ME		LAST					
m 3 0 0 0		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 :	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES							
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301 W. PRESTON ST., is that the death certific ed by the attending pholesse remove carbon prial, cremation, or remo		PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A	A CONSEQUENCE OF		est.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
or signification of the property of the proper	NO I												
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VG PHYS offendin ter this c sthe bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	4 co	UNIY STATE					
TTENDINI pitol or o TOR: Aft for use os of Health		22a I certify that (I) (This hasp saw the deceased slive an above, (I) (we) (did) (did no			nd that in (my (our) opinion	deoth occurred on the dot		, that (I) lost from the couses stated					
PITAL OR A by the has by the has been by the has been by the both by the been been by the been by the been been been been been been been be		Slend M	ondell	m.b.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	/	4-23-82					
TO HOSPITAL retained by the TO FUNERAL should be de- with the Stott		DEAN L. M	PONSEU		SINAL A	HOSP (TAL	BAUE	D., MS. 21215					
77 5 17 18 37	1:	urial, cremation, removal Burial	April 26		cemetery or crematory reen Memorial	23d LOCATION CITY OF TOWN Finksby	irg, Md.	Y STATE					
DHMH-16 60M 1/73 (VR A 15 (4))	24. FU E	ineral director Line Funeral Ho	ome Reiste	erstown, Md	. 21136 250 DAI	R 2 8 1982	Sh. REGISTRAR'S	SIGNATURE					

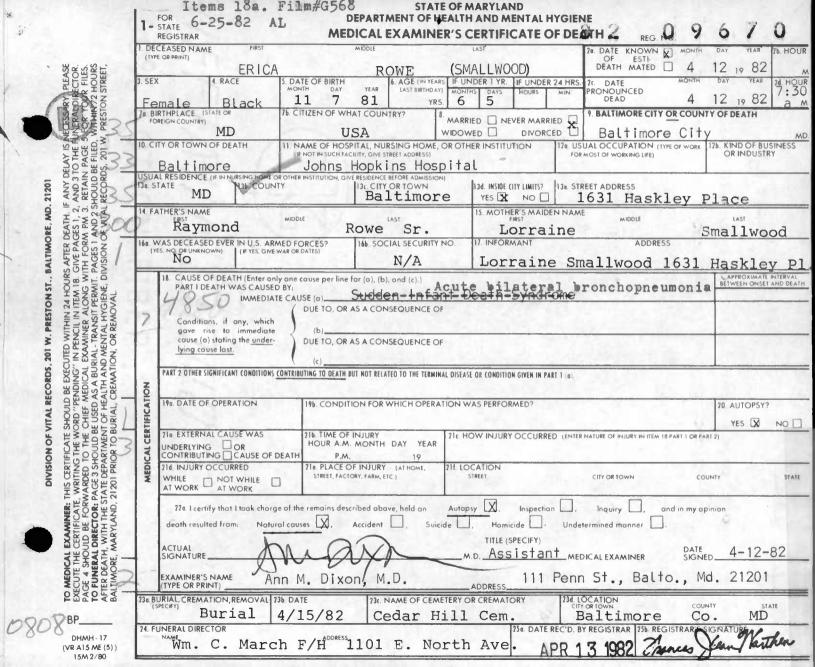
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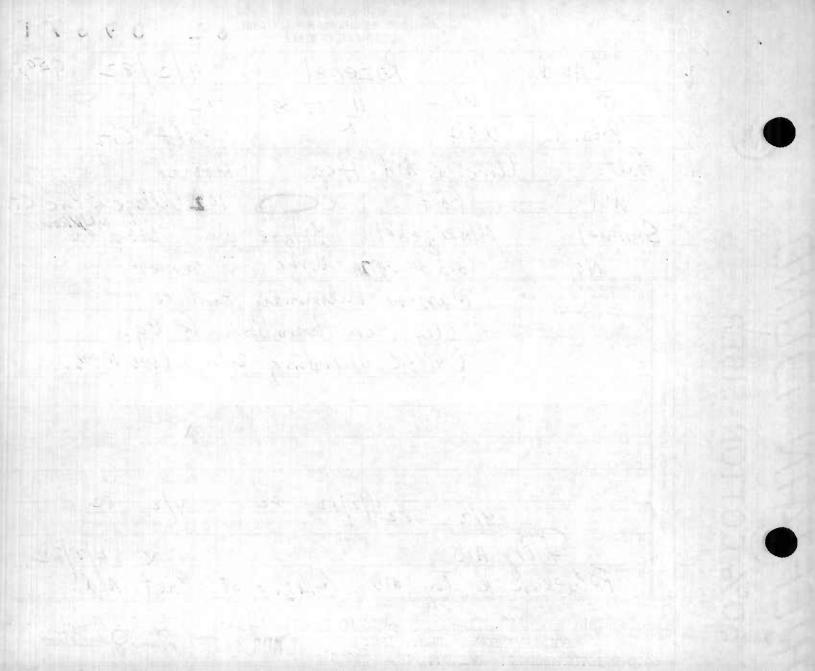




3 1986 Survey See 5

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6010 REISTERTOWN RD. BALTO, MD



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	1-	1 - STATE MEDICAL EVAMINED'S CERTIFICATE OF REATH 2										0.	9	6 7	2		
8	1. DEC	CEASED NAME	FIRST	-	MIDDLE			LAST	07112 0			KNOWN		HINO	DAY YEAR	2b. HOUR	
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	3 SEX	4. F	RACE	S. DATE OF BIRT	Н	6. AGE (IN YE.		DER 1 YR.	IF UNDER	24 HRS.	2c. DAT	E	MÖ	HINO	DAY YEA		
8	r	nale	white		1930	51 YF	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DAYS	HOURS	MIN.	PRONOU DEAI	D	4	4-8-	·82 ₁₉	241HOVE a _M	
		REIGN COUNTRY)	OR	76. CITIZEN OF	WHAT COU	VTRY?	8 MARR	IED X NE	VER MARRI	ED 🔲			_		OF DEATH	viore il	
1	1	aryland		USA			WIDOV		DIVORCI			timor				MD.	
	10. CI	TY OR TOWN OF	DEATH		FACILITY, GIVE	STREET ADDRESS)	OR OTH	IER INSTITU	ITION		MOST OF WO		TYPE OF W	NORK 12	26 KIND OF E OR INDUS	BUSINESS	
2	Ba	L RESIDENCE (FI				nglesea				Ma	chin	ist			Steel	Co.	
1	13e. S	TATE	13b. COUN		13c. CIT	YORTOWN	ON)		ITY LIMITS?								
		THER'S NAME			B 1	timore		YES 💢	NO [lantv	iew	Way			
10)	FIRST	D.,	MIDDLE		LAST		1	ER'S MAIDE			MIDDLE		13	LAST		
1	160. V	Le1			16b. SO	CIAL SECURIT	Y NO.	17. INFOR	Stella MANT	Bur	nside	ADDRE	55				
	[7]	Yes	(IF YES, GIVE	rean	936.5	-24-80		Alic	ce Ruo	ff		Same	0				
				ly one couse per l			00		- Muo	11		Jann			APPROXIMA	ATE INTERVAL	
-		PART I DEATI	H WAS CAUSED	D BY:	Arte	erioscl	erot	ic car	rdiova	scul	lar d	iseas	е		BETWEEN ON	SET AND DEATH	
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			if any, which to immediate	(b)											1,000		
			ting the under-	< ''	DR AS A COI	NSEQUENCE (OF				4 140						
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d	CERTIFICATION	19a. DATE OF OF	ERATION	ION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?											20 AUTOPSY?		
ı	TIFIC												YES XX NO				
1											OR PART	2)					
5	CAL	CONTRIBUTING	CAUSE OF	DEATH F	.M.	19				- 19			15				
	MEDICAL	21d INJURY OCC	OT WHILE		E OF INJURY ACTORY, FARM,			CATION			CITY OR TO	OWN		COUN	4TY	STATE	
		AT WORK A	TWORK														
d		22a. I certify t	nat I took charg	ge of the remains	described ob	ove, held an	Autop	sy XX	Inspection	n .	Inquiry		ond in	my opin	nion		
		death resulted t	ram: Natu	ral causes XX	Accident	L, Su	icide	, Homi	cide .	Undet	termined m	nanner _].		4		
	- 1	ACTUAL	11000	+	1 . 41	00			SPECIFY)					DATE	4-8-	82	
-		SIGNATURE	Munds	his 1	wo &	New	A	DASSI	stant	MED	ICAL EXA	MINER		SIGNED	4-0-	02	
2	-	EXAMINER'S NA (TYPE OR PRINT)			Vara	LL M.D.		ADDRESS	111	Pan	n Str	eet					
-	23e. B	JRIAL, CREMATIO		parita A		NAME OF CE	METERY C	ADDRESS_ OR CREMAT		23d. LC	OCATION	001					
	(5	Burial		Apr. 12,		Glen				CITY	ORTOWN	rnie.	A.A	A. C		ryland	
	24 FI	JNERAL DIRECTO		ADDR	65	00 Yor			250. DATE F	REC'D. B'	Y REGISTR	AR 25b	GISTRA	AP 5 IC	SNAWA	Ter	
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

		REGISTRAK				CERTI	ICAIL OI DEAL		REG. N	0.					
	1 DECEASED NAME FIRST				MIDDLE	1 (143)	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	OUR		
	3 SE		DONAL		S.		SSELL			1982		5:20A	M		
3.1	3 SE	Male		4 RACE	ite	5. DATE (11 1°.1953	EAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR IF UNDER 24 HRS				
	- 0					_	11 1,1900		29	YRS					
0	10.0	IRTHPLACE (STATE OF	REFOREIGN		WHAT COUNTRY	MARRIE	D NEVER MARR	IED 🗆	9 BALTIMORE CITY O						
-							D DIVORC		BALTIMO	TY		۸D.			
3		altimore	ATH		S HOPKI		OSPITAL	ION	Personnel	ON "WORKING LIFE!		126. KIND OF BUSINESS OR INDUSTRY Maylor & Co.			
5	130 S	AL RESIDENCE (IF NUF STATE Md.	SING HOME R	other institution	130 CITY OR TOV		13d INSIDE CITY LI		227 North	3rd St	. 21 550				
0		ubert want	,	MIDDLE	Russel	11	Doris	DEN NAM	MIDDLE		Tynd	all			
1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	121	ADDRE	SS	11711				
X	'	Yes	(11 123, 014)	WAR OR DAILS)	217-62-8	3792	Carolyn	Russ	as 13e	2)					
		18. CAUSE OF DEATH : Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic malignant melanoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									BETWEEN	MATE INTERVAL DINSET AND DEATH 4 (S.			
	N	PART 2 OTHER SIG	NIFICANT C	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	31			
2	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY? YES NO P		WERE FINDINGS USED ING CAUSES OF DEATH?				
9	CER	210 ACCIDENT WAS UN		216. TIME O	FINJURY M, MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT OR PART 2)		_		
1	AL	OR CONTRIBUTING (IF EITHER NOTIFY MED				19	M Dec. / II								
	MEDICAL	21d INJURY OCCUR		21e PLACE			21f. LOCATION STREET		CITY OR TO	wN	COUNTY	STATE			
		220 I certify that (I		al) attended the	e deceased from_	411		82	10 4110	1	9 52	that (I) we la	st		
		saw the deceased alive on 19 82, and that in (my) opinion death occurred on the date and hour and from the causes stated above. (1) (see (did) (did not) view the body after death.													
À		22b. SIGNATURE	ala) (ala not	view the body	offer death.		DEGREE				22c. DATE	SIGNED	_		
		W Sta		Harle	1		ATTEN	FF TANK	4/10/82						
		22d. PHYSICIAN'S N	AME (TYPE O	PRINT)	~		22e ADDRESS	CIAIN	DIRECTOR PHYSIC	IAIN	1		_		
		GAI	5/ (SORDO	J		Jo	HNS	HOPKINS	Hor	P				
		BURIAL, CREMATION	, REMOVAL	23b DATE		NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE	=		
	C	remation		4/12/		curity	Process	Inc.	Baltimore	Md.	COUNT	STATE			
	24 FL	UNERAL DIRECTOR	Bal	to., Md			4717	250 DATE	REC'D. BY REGISTRAR	25h MIG-USTR	ARSSIGNAT	1995			
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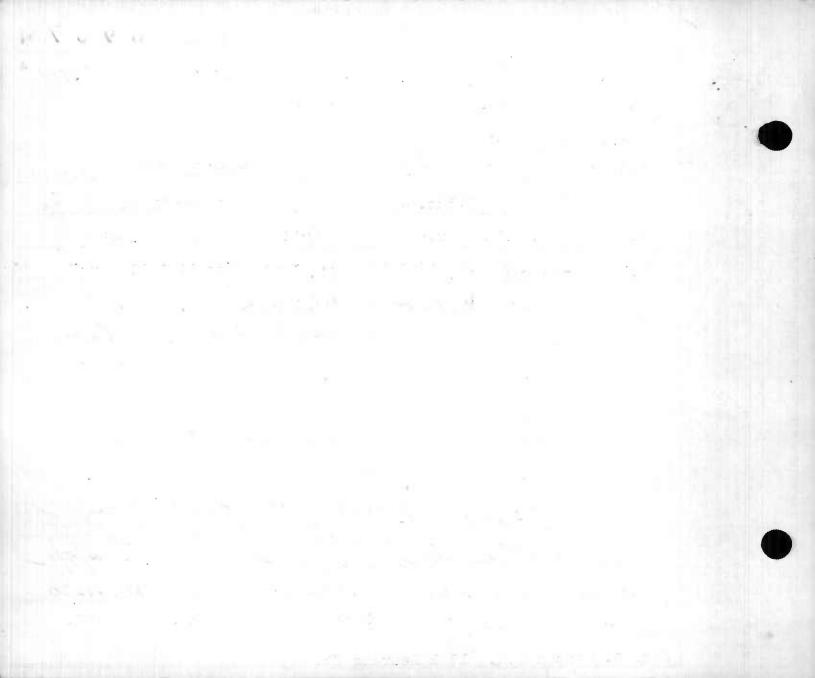
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TO FUNERAL DIRECTOR: After

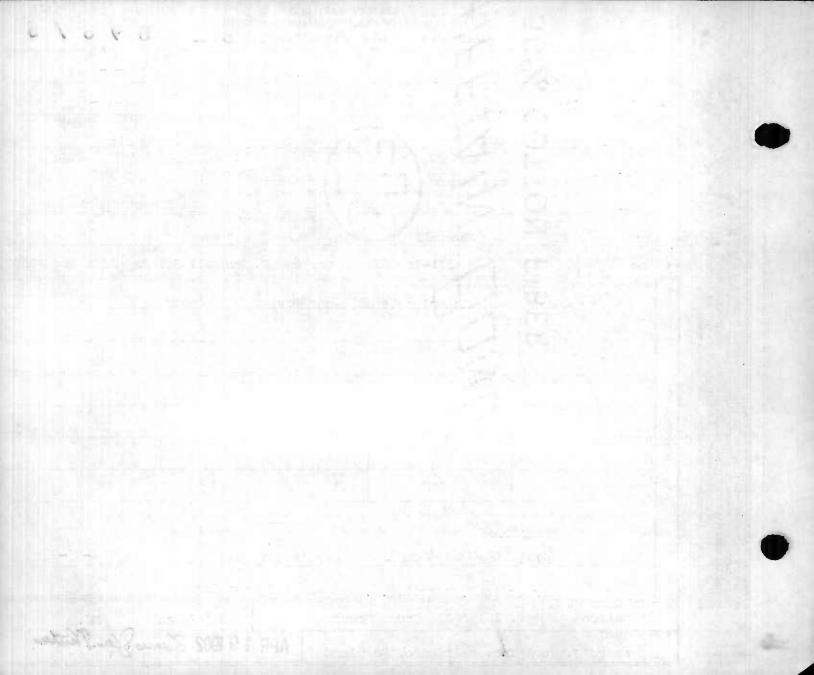
should be detoched for use as the buriol-tronsit permit. Then pleo: with the State Dept. of Heolth and Mental Hygiene prior ta burial, MPORTANT: If Hem 21 is marked or Hem 18 shows any

This state state THIS DANGERS OF THE PARTY OF TH on figures and the compared to the contract of Editor Lipascia Tradition of Tr of the case Lieuwin avious greening of Thatton on sensity important with the contract of the contract Meerick 1. Conce 3. a. Stat State May and a min a An A to State State

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-RUSSELL 4-4-82(3 DEATH MATED MILDRED Mau 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED 9:00PM 4-14-82 white female DEAD Nov. 25, 1911 70 YRS BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 4 FOREIGN COUNTRY) Md. USA WIDOWED DIVORCED Baltimore City B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS SUAL RESIDENTIMOTE Homemaker 3003 Southern Avenue 3a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3003 Southern Avenue Md. Baltimore YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Bowen John Russell Katie E. Mau 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-18-0934 Mr. Roy F. Russell 315 Bay Side Dr. 21222 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ⋖ CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIAL, NO XX DEPARTMENT 71n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY WHILE AT WORK XX 22a. I certify that I taak charge of the remains described above, held an MARYLAND Autapsy Inspection and in my apinian PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAI death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 4-15-82 SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Cremation Baltimore STATE Apr. 17, 1982 Green Mount Md. 24. FUNERAL DIRECTOR **DHMH-17** Leonard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5)) 15M 2/80



10		FOR	3a-22a Fi.	Lm G567	DEPART	MENT OF	HEALTI	MARYLAN H AND MI	ND ENTAL HY	GIENE						
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ED TOR TILES. ED, WITHIN 72 HOURS I W, PRESTON STREET,		CEASED NAM	E FIRST		MIDDLE	- 7		LAST		20. E	DATE KN	KKNWON	HTHOM	DAY	YEAR	26 HOUR
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7	Bo	altimor	e, Md.	U.	S.A.		WIDOV		DIVORCED		Balti	more	City	/.		MD
	10. CI	TY OR TOWN	OF DEATH	11. NAME OF H		RSING HON	AE, OR OTH	HER INSTITU	TION 1	2a USUAL C		TION (TYPE		12b KIN	ND OF BU	SINESS
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M)	Rober			Rut	h		R	Posetto	,	MIDL		Ku	uehn	sm41	
	160. V	AS DECEASE	DEVER IN U.S. ARA	AED FORCES?	16b. SO	CIAL SECURI	TY NO.	17. INFORA	TNAM			ADDRESS				
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		2 A	ATH WAS CAUSED	BY:	Alcoho		7.0	2-16						0010	TENT ONSE	ALL DEATH
		20	00		OR AS A CON	NSEQUENCE	OF									
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	CERTIFICATION	19a DATE OF	OPERATION	19h. CON	DITION FOR	WHICH OPE	RATION W	VAS PERFOR	MED?					20 A	AUTOPSY?	
	TIF													2 1	YES X	NO 🗌
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R.		EXAMINER'S (TYPE OR PRI	NAME NT)	Thomas	D. Smi	th, M.	.D.	_ADDRESS	111	Penn	St.	Bal	Ito.,	, MD		
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	(5	Bu Bu	rial	4-9-8) /	Mount	Canno	1		Bal	time.	March 1	LU1	77	建設問題	25.
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